

Iowa State University
Ronald E. McNair Postbaccalaureate Achievement Program

Faculty Mentor Agreement Form

The student below has given the McNair program your name as a professor interested in being his/her faculty mentor. Please take a few minutes to read the attached information about the program along with the guidelines and expectations of faculty mentors. If you agree to be this student's mentor, please read and sign this agreement and return to the program office as soon as possible.

*This form may be faxed to 294-3003 or sent via campus mail to:
Thelma Harding
Graduate College, McNair Scholars Program
1137 Pearson Hall*

Scholar Name _____ Major _____

As faculty mentor, I agree to have contact with this scholar as per the program guidelines, guide him/her throughout the required research project during the scholar's active participation in the program as well as with other program activities.

Your name _____ Signature _____

Department _____ Campus Address _____

Phone _____ Email _____