

**McNAIR SCHOLARS PROGRAM
EASTERN KENTUCKY UNIVERSITY**

**VERIFICATION OF APPLICATIONS TO GRADUATE
PROGRAMS**

The McNair Scholars program at ECU requires that each McNair senior participant applies to a *minimum* of three graduate school programs. To facilitate increased opportunities to be accepted into graduate school, it is recommended that participants apply to more than three graduate school programs.

Scholar Name:	
Scholar ECU ID Number:	

Graduate School # 1	
Name of Institution:	
Name of Academic Dept:	
Program Degree Level: (MA, MS, PhD, etc)	
Program Emphasis / Specialization:	
By signing scholar verifies that this application was submitted and received by application acceptance deadline date:	
_____	_____
Signature of Scholar	Date

Signature of McNair Academic Counselor	Date

Graduate School # 2	
Name of Institution:	
Name of Academic Dept:	
Program Degree Level: (MA, MS, PhD, etc)	
Program Emphasis / Specialization:	
By signing scholar verifies that this application was submitted and received by application acceptance deadline date:	

Signature of Scholar	Date

Signature of McNair Academic Counselor	Date

Graduate School # 3	
Name of Institution:	
Name of Academic Dept:	
Program Degree Level: (MA, MS, PhD, etc)	
Program Emphasis / Specialization:	
By signing scholar verifies that this application was submitted and received by application acceptance deadline date:	

Signature of Scholar	Date

Signature of McNair Academic Counselor	Date

Graduate School # 4	
Name of Institution:	
Name of Academic Dept:	
Program Degree Level: (MA, MS, PhD, etc)	
Program Emphasis / Specialization:	
By signing scholar verifies that this application was submitted and received by application acceptance deadline date:	

Signature of Scholar	Date

Signature of McNair Academic Counselor	Date

Graduate School # 5	
Name of Institution:	
Name of Academic Dept:	
Program Degree Level: (MA, MS, PhD, etc)	
Program Emphasis / Specialization:	
By signing scholar verifies that this application was submitted and received by application acceptance deadline date:	

Signature of Scholar	Date

Signature of McNair Academic Counselor	Date

Graduate School # 6	
Name of Institution:	
Name of Academic Dept:	
Program Degree Level: (MA, MS, PhD, etc)	
Program Emphasis / Specialization:	
By signing scholar verifies that this application was submitted and received by application acceptance deadline date:	

Signature of Scholar	Date

Signature of McNair Academic Counselor	Date

Graduate School # 7	
Name of Institution:	
Name of Academic Dept:	
Program Degree Level: (MA, MS, PhD, etc)	
Program Emphasis / Specialization:	
By signing scholar verifies that this application was submitted and received by application acceptance deadline date:	

Signature of Scholar	Date

Signature of McNair Academic Counselor	Date