

## MENTOR VERIFICATION

McNair Scholars Program  
Eastern Kentucky University

<b>Scholar:</b>	
<b>Name of Mentor:</b>	
<b>Position:</b>	
<b>Academic Department:</b>	
<b>Date Mentor Secured:</b>	
<b>Additional Information:</b>	

<b>Person Verifying Mentor Assignment</b>  (To be completed by the identified mentor when possible.)	<b>Please print name:</b>
<b>Signature of Person Verifying:</b>	
<b>Academic Department:</b>	
<b>Position:</b>	
<b>Institutional Affiliation:</b>	
<b>Office Location:</b>	
<b>Office Mailing Address:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Date:</b>	
<b>For Office Use Only</b>	
<b>Mentor Handbook &amp; Pin Delivered:</b>	<b>Yes</b> <input type="checkbox"/> <b>Date:</b> <b>No</b> <input type="checkbox"/>
<b>Reason Not Delivered:</b>	