McNair Scholars Summer Internship

Scholar Information

_____
Scholar's Name

_____
Dates of Internship

_____
Academic Program Internship is Affiliated

_____
Summer Phone Number

_____
Summer Email Address

_____
Summer Mailing Address

I give the McNair Scholars Program Permission to contact my EKU and/or my Site Supervisor at any time during my Summer Internship. I will provide a copy of my evaluation if available and a one page summary of my experience.

_____ _____
Student's Signature Date

_____ _____
Academic Coordinator's Signature Date

Internship Information

_____
Title of Internship / Research

_____
Internship Site

_____
Site Supervisor

_____
Site Supervisor's Phone Number

_____
Site Supervisor's Email Address

_____
Site Supervisor's Mailing Address

_____
EKU Supervisor / Mentor

_____
EKU Supervisor's Phone Number

_____
EKU Supervisor's Email Address

_____
EKU Supervisor's Mailing Address