

# McNair Scholars Summer Internship

## Scholar Information

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Scholar's Name

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Dates of Internship

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Academic Program Internship is Affiliated

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Summer Phone Number

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Summer Email Address

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Summer Mailing Address

I give the McNair Scholars Program Permission to contact my IU 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.

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Student's Signature

Date

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Academic Coordinator's Signature

Date

## Internship Information

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Title of Internship/Research

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Internship Site

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Site Supervisor

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Site Supervisor's Phone Number

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Site Supervisor's Email Address

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Site Supervisor's Mailing Address

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IU Supervisor/Mentor

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IU Supervisor's Phone Number

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IU Supervisor's Email Address

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IU Supervisor's Mailing Address