

## Undergraduate Teaching / Learning Facilitation Verification

McNair Scholars Program  
Eastern Kentucky University

<b>Scholar:</b>	
<b>Briefly describe the undergraduate teaching and / or learning facilitation you engaged.</b>	
<b>Who supervised your teaching / learning facilitation?</b>  Provide name, department, phone number and email address.	
<b>Date teaching / learning facilitation began:</b>	
<b>Date ended:</b>	
<b>Was this a paid undergraduate assistantship?</b>	
<b>Did you receive academic credit for this activity?</b>  If yes, how many credit hours did you earn?	

<b>Person Verifying Undergraduate teaching / learning facilitation (Please Print):</b>	
<b>Signature of Person Verifying:</b>	
<b>Position:</b>	
<b>Institutional Affiliation:</b>	
<b>Phone number and email address:</b>	
<b>Date:</b>	