McNair Scholars Program
Contact Update Form

Contact Information:

Last Name First Name Middle Initial

Street City State Zip Code

Phone Email

Graduate Degrees Received or Currently Pursuing:

Degree:

Institution:

College/Department:

Graduate Program:

Start Date:

Year in Program (1st, 2nd, 3rd, etc.):

Anticipated Graduation Date:

Currently Enrolled?

☐ YES ☐ NO

Reason not Enrolled?

Other Information (employment, fellowships, achievements, study abroad, etc):