

Ronald E. McNair Graduate Assistantship Nomination

Nominee First & Last Name: [Click here to enter text.](#)

MU Graduate Program: [Click here to enter text.](#)

MU Graduate Degree: [Click here to enter text.](#)

Academic Start Term: [Click here to enter text.](#)

Per Semester Stipend: [Click here to enter text.](#)

What will be the nominated students' GA duties? [Teaching, Research, or Administration](#)

What will be the workload for the nominated student? [20, 18, 15, 10, 9, or 5 hours](#)

College/University Attended & Degree Awarded/Expected:

[Click here to enter text.](#)

McNair Undergraduate Institution (if different from above):

[Click here to enter text.](#)

Graduate Director/Department Chair Submitting the Nomination: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

To be Completed by the Graduate School:

Graduate School Decision:

Approved: _____ Denied: _____

Initial Academic Term: _____

Research Assistantship Term(s): _____

Notes: _____

Graduate School Signature: _____ Date: _____