

UNLV SUMMER RESEARCH INSTITUTE
AANAPISI, LSAMP, & MCNAIR

APPLICATION FORM

I. PERSONAL INFORMATION

Name: _____ NSHE Number: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone Number: _____

For which program are you a participant (please check box)? AANAPISI NSF-LSAMP MCNAIR

II. ACADEMIC INFORMATION

Major: _____ Department: _____

GPA: _____ Number of credit hours completed: _____

Anticipated semester/year of graduation: _____

III. RESEARCH INFORMATION

Proposed Research Interest: _____

Faculty Mentor Name and Department: _____

Has this individual agreed to serve as your Faculty Mentor? ___Yes ___No

Applicant's Signature: _____ Date: _____

The Center for Academic Enrichment & Outreach
AANAPISI/LSAMP/MCNAIR Programs

UNLV, SSC-A 301
matthew.dellasala@unlv.edu

AANAPISI

TRIO
RONALD E. MCNAIR
POST-BACCALAUREATE
ACHIEVEMENT PROGRAM

