



**MILESTONE REPORT**

*(Please return this form to the McNair Office (D145) upon completion.)*

Scholar's name: \_\_\_\_\_

**GRADUATE SCHOOL APPLICATIONS (3 REQUIRED)**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date of Confirmation in McNair Office: \_\_\_\_\_

PLEASE ALLOW 6-8 WEEKS FOLLOWING CONFIRMATION FOR PROCESSING.

*RISING ABOVE AND BEYOND*

McNair Scholars Program • Concord University  
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