



## School of Nursing Mentorship Program Form

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Date:

First Name:

Last Name:

Phone:

Address:

Email:

Area of Specialty:

Are you interested in Mentoring?

Any student:

Only those interested in your specialty area:

How will you communicate with the student(s)

Personal Meeting:

Phone:

Email:

Other:

Are you able to mentor more than one student? Yes No

Best time of the day for the student (s) to reach you:

At the beginning of next fall semester, would you be willing to come to an informal "get acquainted" gathering involving mentors and interested students?

Yes

No

Comments: