

MENTEE APPLICATION

Name:

Semester:

Phone:

E-mail:

Area of Interest in nursing:

Subjects in need of tutoring:

Subject
1.
2.
3.
4.
5.
6.
7.

Schedule of availability:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Time							

How do you think the mentorship program will benefit you?

By signing this form I agree to stay committed with my mentor, maintain a compromised schedule with my mentor, and to stay reasonably available. I understand that I will abstain from any dishonorable behavior (i.e. dishonesty, plagiarism, etc...). I also agree to study to the best of my ability on my own and not to solely depend on my mentor for success in nursing school. I agree to be proactive and to take initiative in regards to my own studies and class work.

Signature _____

[Mentee Application.docx](#)