

## Project Mentor Request Form

Student Name: \_\_\_\_\_ M#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Student MSU Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

\_\_\_\_\_ Spring semester \_\_\_\_\_ Summer semester \_\_\_\_\_ Fall semester 20\_\_\_\_\_

Would you like to request a specific tutor?

\_\_\_\_\_

Subject(s) with which you will need assistance: \_\_\_\_\_

\_\_\_\_\_

Please indicate how many hours per week by checking one of the following:

\_\_\_\_\_ 1 hour per week ( \$225.00 per semester) \_\_\_\_\_ 4 hours per week ( \$900.00 per semester)

\_\_\_\_\_ 2 hours per week ( \$450.00 per semester) \_\_\_\_\_ 5 hours per week ( \$1,125.00 per semester)

\_\_\_\_\_ 3 hours per week (\$675.00 per semester) \_\_\_\_\_ 6 hours per week ( \$1,350.00 per semester)

**I understand that it is my responsibility to meet with my mentor at the designated times and that failure to do so will not result in a refund for unused hours.**

Are you a client of Vocational Rehabilitation?      **Yes**                      **No**

If yes, who is your Vocational Rehabilitation Counselor? \_\_\_\_\_

Is Vocational Rehabilitation paying for your mentoring?      **Yes**                      **No**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**NOTE:**

**If the Department of Vocational Rehabilitation provides assistance, failure to utilize the requested hours could affect the amount of mentoring authorized for subsequent semesters.**

**Failure to meet with your assigned mentor will not result in a refund for unused hours.** \_\_\_\_\_