

University Mentor Selection Form

This form must be completed and approved before you register. Please attach a copy of your proposal to this form.

Student

Name: _____ Phone Number(s): _____

Address: _____

MA in HRD: No Yes Certificate: No Yes, in: _____

Student's Signature: _____ Date: _____

Advisor

Name: _____ Phone Number(s): _____

Address: _____

- The student and I have discussed his / her ideas for the proposal and what is to be accomplished by it.
- In addition to being the student's advisor, I have agreed to serve as the student's University Mentor for the internship.
- I will not be serving as the University Mentor for this student's internship.

Other Comments: _____

Advisor's Signature: _____ Date: _____

University Mentor (if different from Advisor)

Name: _____ Phone Number(s): _____

Address: _____

- I agree to serve as the University Mentor and work with the student above on his/her internship proposal, in accordance with the Organization Learning & Development Program's Internship Guidelines for Master of Arts Degree and/or Certificate Students.

Other Comments: _____

University Mentor's Signature: _____ Date: _____

The University Mentor will forward this form and the attached proposal to the Internship Coordinator.