Project Mentor Request Form

Student Name:		M#:	
Phone Number: 0	Cell Number:		
Student MSU Email:			-
Parent Email:			_
Spring semesterSummer sem	ester	_ Fall semester	20
Would you like to request a specific tutor?			
Subject(s) with which you will need assistan	ICE:		
Please indicate how many hours per week by checking <u>one</u> 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 (\$1,125.0	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	Νο	
If yes, who is your Vocational Rehabilitation	Counselor?		
Is Vocational Rehabilitation paying for your	mentoring?	Yes	Νο
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.