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. _____