Theater - MENTORING Form

Name _____ **ID** _____

Term _____ **RUN** _____ **Major** _____ **Grad. Term (est.)** _____

CRN	Dept.	Course	Section	Restriction	Notes/Mentor Signature

Other Notes:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:00					

Advisor Signature _____ **Date** _____

Student Signature _____ **Date** _____

Mentor Signature _____ **Date** _____