

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.

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Office use only:
Dbase: _____ Contacts: _____
Date billed: _____ Amount billed: _____

Project Mentor is a component of Murray State University's Office of Student Disability Services
423 Wells Hall Murray KY 42071; Retention Testing Specialist
Phone (270) 809-4340 Fax (270) 809-4339 Email: msu.projectmentor@murraystate.edu