



## Mentor Information

*Thank you for agreeing to serve as a mentor to a WRHS senior!  
Please complete the information and add your signature.*

Student Name: \_\_\_\_\_ Research Topic: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Mentor Over 25? YES NO

Mentor Phone: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Expertise Related to Topic and Years of Experience in Topic:

\_\_\_\_\_

Relationship to Student:

Just Met

Friend of student/family

Non-household Family Member

*I understand the responsibility entrusted to me as a Rowan-Salisbury Graduation Project mentor. I am to assistance the student with the creation of the product and enhance his/her knowledge in the chosen topic. I will oversee the student's progress during this graduation project.*

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

*As the parent/guardian of \_\_\_\_\_, I understand his/her selection of an adult mentor should be approved by me. I understand Rowan-Salisbury School System is not responsible for checking the background of the individual I approve. I understand the Rowan-Salisbury School System will not be held responsible for the selection of my child's mentor.*

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date