EOF Mentor Program Report Sheet

Mentor_____ Mentee_____

Meeting Date_____ Signature_____

Meeting/Activity:

_____Academic

_____Personal

_____Check-In

_____On-Campus Activity

_____Off-Campus Activity

_____Group Activity

Length of Meeting/Activity_____

Describe Meeting/Activity:

_____

_____

_____

_____

What were some of the positive results of the meeting/activity?

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