| DIVISIONAL MENTOR (not Scientific/Clinical Mento |
|--|
| RETURN TO BARBARA FOSTER, 2114 PVUB |

| Candidate's Name |
|------------------|

CONFIRMATION OF ACADEMIC PROCESS GUIDANCE

(Mentoring Requirement - Twice Yearly)

| Date of Meeting | With Whom | <u>Signature</u> | - | - | Comments (Optional) |
|-------------------|---------------------------|-----------------------|------|-----------|--|
| | | Candidate's Signature | Date | | |
| | | Mentor's Signature | Date | | |
| Chair's (or Affil | liate Chief's) Certificat | ion | | Chair's (| (or Affiliate Chief's) Comments (Optional) |
| Signature | 1 | Date | | | |