

Faculty Mentor/Student Contract

STUDENT: _____ NOBTS-ID _____

TELEPHONE: _____ FAX _____ E-MAIL _____

SPECIALIZATION: _____ TRIMESTER _____ YEAR _____

(After initial conversation with a potential Faculty Mentor, the student should complete the above information and the first section below, and then submit the form to the professor. The professor should sign and date the form and forward it to the Office of Professional Doctoral Programs. The Associate Dean of the Professional Doctoral Programs will sign and date the form and send copies to the professor and the student.)

Briefly describe the proposed Project in Ministry: _____

Faculty Mentor's Comments: _____

Associate Dean's Comments: _____

I agree to serve as the above named student's Faculty Mentor during the Project in Ministry stage of his or her program from the submission of the Preliminary Project Proposal through the Exit Interview.

Professor Date

Division

Associate Dean Date

Note: Forms may be faxed, mailed, or duplicated as an e-mail and sent directly to a professor. Completed forms should be returned to:

The Office of Professional Doctoral Programs
3939 Gentilly Blvd.
New Orleans, LA 70126
FAX: 504-816-8170
E-mail: dmin@nobts.edu