

# Field Mentor/Student Contract

STUDENT: \_\_\_\_\_ NOBTS-ID: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SPECIALIZATION: \_\_\_\_\_ TRIMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

(After initial conversation with a potential Field Mentor in which the student reviews the related information outlined in the Handbook, the student should complete the above information and the first section below, and then submit the form to the mentor. The mentor should sign and date the form and return it to the student along with a personal vita. The student then should sign the form and forward it to the Office of Professional Doctoral Programs along with the mentor's vita. The Associate Dean of the Professional Doctoral Programs will sign and date the form and send copies to the Faculty and Field Mentors as well as the student.)

Title and brief description of the proposed Project in Ministry: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the information regarding the role and responsibilities of a Field Mentor as outlined in the Handbook and agree to serve in such capacity during the implementation stage of the above mentioned student's Project in Ministry. I am attaching a copy of my vita as required by the Office of Professional Doctoral Programs.

\_\_\_\_\_  
Mentor's Signature Position/Place of Service Date

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Phone Fax E-mail

I have reviewed the information regarding the relationship between the student and the Field Mentor as outlined in the Handbook and agree to act accordingly during the implementation stage of my Project in Ministry.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Address City/State/Zip

\_\_\_\_\_  
Associate Dean of the Professional Doctoral Programs Date

**NOTE:** Forms may be faxed, mailed, or duplicated as an e-mail and sent directly to a mentor. 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](mailto:dmin@nobts.edu)