

**DEPARTMENT OF ENVIRONMENTAL HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH**

MENTOR APPROVAL FORM

TO: Chair, Department of Environmental Health Sciences

FROM: _____
(STUDENT NAME)

RE: Mentor Selection

DATE: _____

This memo is to inform you that I have interviewed with the following faculty members in regard to choosing a mentor:

1)	_____	_____	_____
	(NAME)	(SIGNATURE)	(DATE)
2)	_____	_____	_____
	(NAME)	(SIGNATURE)	(DATE)
3)	_____	_____	_____
	(NAME)	(SIGNATURE)	(DATE)

Students must select a track affiliation in consultation with their mentor. The track affiliation governs the courses required for admission to candidacy and completion of the degree.

APPROVALS:

_____	_____
(SIGNATURE OF MENTOR SELECTED)	(DATE)
_____	_____
(GRADUATE ACADEMIC COMMITTEE CHAIR)	(DATE)
_____	_____
(DEPARTMENT CHAIR)	(DATE)

Student file sent to mentor by Department:

(DATE FILE SENT)

Date Recorded: _____

cc: Mentor
Student
Forms/EHS Mentor Approval