

Submit log to faculty coordinators the last Friday in Oct, Jan, Apr and July

University of Michigan-Flint Department of Nursing
A.C.T.S - A CHANCE TO SUCCEED

Mentee Report Log

Name: _____ Mentor's Name _____
(Print or Type) (Print or Type)

List all mentee/mentor related meetings, programs and training sessions below. Include all phone conversations and face-to-face meetings with mentor.

Contact Dates (Indicate if phone or face-to-face contact)	Activities	Comments and/or Areas of Concern

Submitted by: _____ Date: _____