

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

**Mentor Report Log**

Mentor Name: \_\_\_\_\_ Mentee Name: \_\_\_\_\_

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

Contact Dates	Meeting Dates	Activities	Comments and/or Areas of Concern

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_