

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: _____