

# GRADUATE

## MENTORING APPLICATION

Name: \_\_\_\_\_

S.S.# \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #:(H) \_\_\_\_\_

e-mail: \_\_\_\_\_

(W) \_\_\_\_\_

### Work Experience

School: \_\_\_\_\_

Start Date: \_\_\_\_\_

Address: \_\_\_\_\_

Completion Date: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Grade Level: \_\_\_\_\_

Evaluation: See Attached

Course for Credit: \_\_\_\_\_

### Mentoring Experience

**Semester One:**

Mentor/Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Course #: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Semester Two:**

Mentor/Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

Course #: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Advanced Seminar (ED:626M)

Completion Date: \_\_\_\_\_

Grade: \_\_\_\_\_

### Entry to Program

### Completion of Program

Advisor: \_\_\_\_\_

Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

EDUCATION DEPARTMENT  
APPLICATION FOR WORK AND LIFE EXPERIENCE CREDIT

Name of Student: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

e-mail address: \_\_\_\_\_

Academic Major: \_\_\_\_\_ Cumulative Index \_\_\_\_\_ Date \_\_\_\_\_

Number of Work Experience Credits to be Granted: \_\_\_\_\_

For What Course(s) \_\_\_\_\_

Please submit the following documentation:

1. Job description on school letterhead.
2. Formal observation by employer supervisor.
3. Check payable to Wagner College in the amount of \$25.00 per credit and \$25.00 processing fee.

Signature of Student: \_\_\_\_\_

ACTION TAKEN ON APPLICATION BY DEPARTMENT CHAIR:

Date of Evaluation: \_\_\_\_\_ Department: \_\_\_\_\_

Number of Credits to be Granted: \_\_\_\_\_

For What Course(s): \_\_\_\_\_

Signature of Department Chairperson: \_\_\_\_\_