## **Project Mentor/Student Contract**

STUDENT:			NOBTS-ID:
TELEPHONE:	Fax:		E-Mail:
SPECIALIZATION:			TRIMESTER: YEAR:
2.) Submit the The professor should: 1.) Comment of 2.) Sign and date 3.) Forward it to	he above information form to the profession the proposed profeste the form, and to the Office of Pro	on and the first sector.  Dject, and then hen fessional Doctoral	ection below, and then
Briefly describe the pro	posed Project in M	inistry:	
Project Mentor's Comm	ents:		
Associate Dean's Comn	nents:		
I,Print Professor	r's Name	, agree to serve	e as the above named student's Project Mentor during
the Project in Ministr through the Exit Inte		her program fron	m the submission of the Preliminary Project Proposal
PROFESSOR	DATE	DIVISION	E-MAIL
ASSOCIATE DEAN		Date	

Note: Forms may be faxed, mailed, or duplicated as an e-mail and sent directly to a professor. Completed forms should be returned to:

The Office of Professional Doctoral Programs 3939 Gentilly Blvd. New Orleans, LA 70126 FAX: 504-816-8170

E-mail: prodoc@nobts.edu