

UNIVERSITY OF ALASKA ANCHORAGE

College of Education



Department of Counseling & Special Education

3211 Providence Drive, PSB Suite 206z, Anchorage, Alaska 99508-4614
907.786. 6317 • 888.822.8973 fax: 907.786.4474 e-mail: case@uaa.alaska.edu

Counselor Education Program
MENTOR INFORMATION FORM

Please provide all of the following information and return to the above address.
(type or print clearly using ink)

STUDENT INTERN: \_\_\_\_\_

UA ID

Host information for: [ ] 634 [ ] 695E [ ] 695S [ ] 3 cr [ ] 6 cr

HOST FACILITY INFORMATION:

Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MENTOR/HOST INFORMATION:

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

If you wish to receive an honorarium you must complete a W-9 form

UA ID (if you have one): \_\_\_\_\_ Are you an employee of the University of Alaska? [ ] Yes [ ] No

Table with 4 columns: Degree Earned including Emphasis, Date, University, Location. Contains 3 empty rows for data entry.

Certificate & Endorsements Held:

Type: \_\_\_\_\_ Expires: \_\_\_\_\_ # years held: \_\_\_\_\_

Description of current position:

Summary of previous positions or other credentials: (Continue on back if necessary)

Mentor Teacher Signature

Date

HONORARIUM: Please Note - Honoraria are paid as a token of appreciation for services rendered during EDCN 695 only. Payment by the end of the semester is not guaranteed when forms are submitted after the deadline.

Approved by:

Department Chair

Date