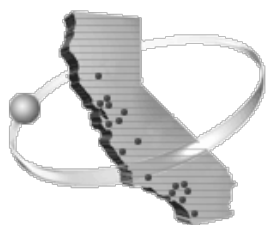


2016 CaSGC Undergraduate Research Opportunity Program--Mentor Form

Mentor Form

NOTE: THIS IS A SAMPLE FORM ONLY. ACTUAL FORM MUST BE COMPLETED ONLINE.



California Space Grant
CONSORTIUM

Please complete this form on or before Friday, March 11, 2016

Thank you for agreeing to serve as a research advisor/mentor for your student's California Space Grant research project. These scholarships are intended to assist high achieving students in receiving hands-on research experience in projects related to NASA's Aeronautics Research, Human Exploration & Operations, Science, or Space Technology mission directorates. These scholarships stress:

- Excellence in academics
- Exhibited leadership qualities
- Research projects related to NASA's mission directorates

This experience will be most beneficial to the student if you schedule regular meetings to review the student's work and research direction and provide feedback on the project. At the end of the project, the student will be asked to submit a final report summarizing the research conducted and to describe the impact of this experience on his or her academic career.

Students are encouraged to share their work through presentations and posters, so it would be beneficial for you, as a mentor, to point out opportunities for them to do so.

At the completion of this project you will be asked to complete a mentor evaluation form rating the quality of the student's work and participation and provide any constructive feedback for improvement. Instructions for the final report can be found [here](#).

Student Information:

* 1. Student's Name:

* 2. Student's University:

Mentor Information:

* 3. Mentor's Name:

* 4. Mentor's Title:

* 5. Mentor's Institution:

* 6. Mentor's Phone Number:

* 7. Mentor's Email:

* 8. Letter of Recommendation:

Please type your response into a word processing document first, then paste it into the online form to prevent data loss. Please limit your response to 750 words or less:

* 9. Please answer the following questions (check both boxes):

- ☐ If this student is selected to receive an award, I will require him/her to submit a final report to the California Space Grant Consortium at the end of the award period as outlined in the California Space Grant [report guidelines](#).
- ☐ I certify that I am the person represented in this letter of recommendation and that all the information contained herein is complete and true.

