

**SCHOOL OF NURSING
STATE UNIVERSITY OF NEW YORK AT STONY BROOK
HEALTH SCIENCES CENTER**

FACULTY MENTOR FORM

- Fax completed form to: (631) 444-3136 attention of appropriate faculty/advisor for signature
- Or Mail completed form to: SBU, School of Nursing, HSC Level 2, Stony Brook, NY 11794-8240 to the attention of the appropriate faculty/advisor for signature:
- Or Scan completed form as a PDF into an e-mail and send to the appropriate faculty/advisor for signature

FOR THE FOLLOWING COURSES:

Graduate Program:

HNG 570 – Independent Studies (Graduate Program)

RNBP or RNBP BS/MS Program:

HNC 482 – Directed Studies (See RNBP or RN BS/MS Course Faculty for signature)

BBP and ABP Program:

HNI 482 – Guided Studies (See Course Faculty for BBP program for signature)

This form must be **COMPLETED - WITH FACULTY SIGNATURE** and submitted to the Office of Student Affairs, School of Nursing for additional processing. Student will then receive an e-mail with the permission number to enroll.

StudentName_____

SBID_____PHONE#_____

Course No. _____ Course Name_____ Credits_____

Please check one: Onsite: _____ Distance Education: _____

Semester/Module: Fall____ Winter____ Spring____ Summer I____ Summer II____ Year: _____

Student Signature_____

Faculty (Mentor) Signature_____

Date_____

PLEASE INDICATE SELECTED COURSE TOPIC BELOW
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Office of Student Affairs: Peoplesoft Number_____
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