

## REQUEST FORM FOR A STUDENT TECHNOLOGY MENTOR

Faculty Name \_\_\_\_\_ Ext. \_\_\_\_\_  
Department \_\_\_\_\_ Room No. \_\_\_\_\_  
Semester \_\_\_\_\_

1. Please indicate the Day(s) and Time the services of the STM will be needed and include room number.

<u>Date</u>	<u>Time</u>	Room No.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

2. If the student will be assisting you on a faculty project, please describe the project and the technology resources that will be used (software, hardware). Describe the tasks that the STM will be required to complete.

Project Name/Title \_\_\_\_\_

List Technology Resources to be used:

Project Description:

Specific STM Tasks:

3. If the STM will assist you during a class period(s), please indicate the course and tasks that the STM will be required to assist you with. Indicate the technology resources that will be used (software, hardware).

Course Section and Title \_\_\_\_\_

Course Description:

List Technology Resources to be used:

Specific STM Tasks: