MENTOR AGREEMENT



NATALIE Student Name: MECKLENBURG Mentor Name: EMILY BOYD (print) I understand that my responsibilities as a GTCHS Senior Project mentor include: 1. Maintaining a supportive, yet challenging, environment where the student feels challenged and accountable ✓ 2. Completing least 3 conferences, along with 3 mentor evaluations, with the student √ 3. Completing a final evaluation of the student and their product by attending the student's final presentation. Position/Expertise: CLINIC MANAGER, CERTIFIED

PROSTHETIST Contact Information: Cell Phone: 864.360.2504 Day Phone: 844. 370. 2010 Email: EBOYD @ HANGER. COM Home Address: 1009 GRAVE RD. SUITE B-1 GREENVILLE, SC 29605 Smy Bogs Date: 5/23/24