



**GODFREY OKOYE UNIVERSITY  
UGWOMU-NIKE, ENUGU  
OFFICE OF THE VICE-CHANCELLOR**

**DIRECTORATE OF STUDENT MENTORSHIP AND PARENT RELATIONS**

**MENTEE'S EVALUATION OF THE MENTORING PROGRAM**

S/NO	KEY MATRICS TO MEASURE SUCCESS	FEEDBACK			
		1	NUMBER OF MENTORING SESSIONS		
2	GOALS	NUMBER OF GOALS SET	NUMBER OF GOALS ACHIEVED		
3	PERSONAL SATISFACTION OF THE MENTORING PROGRAM	VERY SATISFIED	SATISFIED	NOT SATISFIED	REMARK
4	HOW WILL YOU DESCRIBE YOUR MENTOR?	GOOD	FAIR	BAD	

**ADDITIONAL ASSESSMENT OF YOUR MENTOR**

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**DETAILS OF YOUR MENTOR**

NAME OF MENTOR:.....

FACULTY/DEPARTMENT:.....

NAME/SIGNATURE OF MENTEE.....

DATE.....