



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

DIRECTORATE OF STUDENT MENTORSHIP AND PARENT RELATIONS

MENTORSHIP REPORT

SECOND SEMESTER

MENTEE'S BIO-DATA

NAME:.....

PROGRAMME/REG. NO:.....

HOSTEL..... TELEPHONE.....

AGE..... GENDER.....

MENTOR'S DATA

NAME (In full):.....

DESIGNATION..... TELEPHONE.....

FACULTY/DEPARTMENT.....

FIRST MEETING	MENTEE'S FEEDBACK	MENTOR'S REMARK
SET GOALS FOR THE SEMESTER		
TIME MANAGEMENT		

MENTOR'S SIGNATURE/DATE:.....

MENTEE'S SIGNATURE/DATE:.....

SECOND MEETING	MENTEE'S FEEDBACK	MENTOR'S RECOMMENDATIONS
CHALLENGES/AREAS OF FOCUS		
RELATIONSHIP WITH LECTURERS AND STUDENTS		

MENTOR'S SIGNATURE/DATE:.....

MENTEE'S SIGNATURE/DATE:.....

THIRD MEETING	MENTEE'S FEEDBACK	MENTOR'S RECOMMENDATIONS/GUIDANCE
PREPARATION FOR EXAMS		
NEW SKILL TO ACQUIRE		

MENTOR'S SIGNATURE/DATE:.....

MENTEE'S SIGNATURE/DATE:.....