

TRUSCHOLARS PROGRAM  
**FACULTY MENTOR AVAILABILITY**

**FACULTY MENTOR INFORMATION**

Last Name _____	First Name _____	
Campus Address _____	Phone _____	E-mail _____
Department _____	School _____	

**SUMMER CLASSES**

Please list all courses that you expect to be teaching this summer:

Course No.: \_\_\_\_\_ Meeting Times: \_\_\_\_\_  
First 5-week block  Second 5-week block  Eight-week session  Online only

Course No.: \_\_\_\_\_ Meeting Times: \_\_\_\_\_  
First 5-week block  Second 5-week block  Eight-week session  Online only

Course No.: \_\_\_\_\_ Meeting Times: \_\_\_\_\_  
First 5-week block  Second 5-week block  Eight-week session  Online only

**SUMMER OBLIGATIONS**

<input type="checkbox"/> Joseph Baldwin Academy: First Session <input type="checkbox"/> Second Session <input type="checkbox"/>
<input type="checkbox"/> Department Chair: Department _____
<input type="checkbox"/> Research mentor for non-TruScholars student(s): Number of students _____
<input type="checkbox"/> Involved in On-Campus Programs: MathBio <input type="checkbox"/> Spectra <input type="checkbox"/> McNair <input type="checkbox"/> Upward Bound <input type="checkbox"/>
<input type="checkbox"/> Other obligations: Briefly describe and estimate the number of hours per week

**SUMMER TRAVEL**

Do you expect to be absent from Kirksville for a period of more than four consecutive days during _____ <input type="checkbox"/>
If yes, please give the reason for your absence and the dates that you will be away from Kirksville:
_____
_____
_____