

**MENTOR EDUCATIONAL OBJECTIVES CERTIFICATION  
ACADEMIC CREDIT**

*This form must be completed by the proposed visitor/volunteer's mentor/program director for each academic semester the visitor/volunteer is receiving academic credit from the visitor/volunteer's academic institution.. The visitor/volunteer shall be referred to as "Participant" herein.*

Participant Name: \_\_\_\_\_

Participant Institution: \_\_\_\_\_

BCM Mentor/Program Department: \_\_\_\_\_

BCM Mentor/Program Director: \_\_\_\_\_

1. Confirm Participant is receiving academic credit from another educational institution for the training and activities Participant shall engage in while at BCM.       Yes       No

2. During which academic semester shall Participant receive academic credit? (check one)  
 Fall       Spring       Summer

3. Participant Dates at BCM: \_\_\_\_\_

4. Please provide a description of the training Participant shall receive including three educational objectives and the activities the Participant shall engage in to meet those objectives.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I certify that I have informed Participant and Participant understands that there is no expectation of BCM compensating Participant.

6. I certify that I have informed Participant that there is no entitlement to a paid position at the conclusion of Participant's Term at BCM under this form.

7. I certify that the Participant's training and activities provides significant educational benefits equivalent to the credit the Participant is receiving.

8. I certify the information provided on this form to be true and correct.

\_\_\_\_\_  
Mentor/Program Director Signature

\_\_\_\_\_  
Date

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**Dean, Graduate School of Biomedical Sciences Approval**

\_\_\_\_\_  
ACADEMIC CREDIT

\_\_\_\_\_  
Date  
Last Updated – 3.24.2022