

**University of Maryland School of Dentistry
Academic Counseling Program
Faculty Mentor Meeting Report**

Student Name:

Date of Meeting:

Concerns shared by student:

Action Plan to address concerns:

Proposed timeline/Next steps:

Additional resources needed to resolve issue:

Counseling Center

Study Skills/Tutor

Organizational Skills

Clinical Skills

Communication Skills

Mentor's impression/notes:

Next Meeting Date:

Signature

Date

Provide a copy to the Office of Academic Affairs