

Student Name	McGill Student I.D.
Last, First	



McGill

Integrated Program
in Neuroscience

STUDY PLAN (INITIAL MENTORSHIP MEETING FORM)

We (mentor and mentee) hereby sign, indicating that we have had an initial meeting:

Mentor	Name	Last, First
	Signature	
	Date	
Student	Name	Last, First
	Signature	
	Date	