South Dakota State University
College of Nursing
Application for External Research Mentor Support

Name _____ Date _____

Academic rank ___ Assistant professor ___ Associate professor ____ Professor

Years of full-time system employment _____

Tenure awarded date or year in tenure-track _____

Proposed semester and year for external research mentorship:

_____

(fall or spring semester and year)

☐ Other (specify dates) _____

Description of proposed mentorship plan including:

- Goals and objectives for the mentorship period.
- Present state of the research project, time of commencement, progress to date, expected grant submission date and/or manuscript publication date, if applicable.
- Place where project will be carried out, external research mentor to be consulted and rationale for selection of the research mentor.
- Contact information for external research mentor.

_____

_____ _____
Signature of Applicant Date

_____ _____
Signature of Department Head Date

_____ _____
Signature of Dean, College of Nursing Date