MENTEE REPORT (MBBS)
MERDU, Faculty of Medicine, University Malaya
☎ 79675739 **(Please return this form to MERDU)**

MERDU USE
Date Received:

A. INFORMATION

MENTOR	MENTEE
☐ Professor ☐ Assoc. Professor ☐ Dr.	**Name :**
Name :	**I/C No.:** **Matrix No.:**
Gender : ☐ Female ☐ Male	**Gender :** ☐ Female ☐ Male
Ethnic : ☐ M ☐ C ☐ I ☐ Others: _____	**Ethnic :** ☐ M ☐ C ☐ I ☐ Others: _____
Department :	**Class of :**
Email :	**Stage/ Session :**
Phone no.:	**Email :**
	Phone no.:

B. MENTOR-MENTEE SESSION

Date of Meet: **Time of Meet:**

Location: **End Time:**

Mentor signature: **Mentee signature :**

C. FOR STUDENT ONLY

I. PURPOSE OF MENTOR-MENTEE SESSION

☐ Schedule meet ☐ Counselling ☐ Academic ☐ Discussion ☐ Others: _____
(Please state)

III. FEEDBACK FOR THIS SESSION

1. This session was:

☐ Very helpful ☐ Helpful ☐ Somewhat helpful ☐ Not at all

2. Specific comments:

IV. MY MENTOR WAS: (You can tick more than ONE)

☐ Approachable ☐ Understanding ☐ Listens ☐ Accommodating ☐ Condescending

☐ Difficult to contact ☐ Waste of time ☐ Not resourceful ☐ Knowledgeable ☐ Others:_____
(Please state)