***eduSc Mentoring Program***

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| Registration form Mentee |  |
| Family name |  |
| First name |  |
| Gender |  |
| E-Mail |  |
| Phone/ Mobile Phone |  |
| Languages |  |
| Semester (subject educational science) |  |
| Aimed Degree |  |
| In which areas do you need the most help, especially in relation to your studies? |  |

Please complete all fields, above, if possible. Thank you. Your information is voluntary and deletion of your information, from our records, is possible at any time. Contact jgesellg@uni-mainz.de or studienbuero@erziehungswissenschaft@uni-mainz.de.

( ) I hereby consent to the storage and processing of data, within the framework of the Mentoring Program in Educational Science.

( ) I agree that my mentor may receive my contact data, such as e-mail address and first and last name, for the purpose of contacting me by e-mail.

The consent can be revoked at any time; this is not associated with any disadvantages for you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

Please send your registration to studienbuero-erziehungswissenschaft@uni-mainz.de.