SCIENCE HORIZONS MENTOR SESSION REGISTRATION

Teacher's Name: _____ Work Phone: _____

School: _____ Grade: _____

(Check one)

STUDENT NAMES	Biological	Physical	RESEARCH TOPIC**

**Mentors will be available for general areas such as physical, biological, and computer sciences. If you know that a student needs help in a specific area, please indicate the research topic on this form.

Teachers: Please mail this form by Friday, October 5th to:

Dr. Catherine Hickey-Williams
Department of Chemistry / Higgins Hall
Western Connecticut Sate University
Danbury, CT 06810