

**GAP Form 015b: MENTORING SCHEDULE FORM**

**Date:** \_\_\_\_\_

**(Insert Name of Specialist)**

Designation

Central Luzon State University

Science City of Munoz, Nueva Ecija

**Dear Sir/Madam:**

You are requested to provide technical assistance to (Incubatee's name) of (incubatee's company) at (add location). The details of the request are as follows:

Target Date	Time	Purpose/Activity	Assistance Needed

As stipulated in our terms of reference, you will receive a modest honorarium for your services upon submission of a Mentoring Services Report to the CLSU-AFTBI Management.

If you have any questions, please call us at 044-806-1992.

Thank you for your continued support to the CLSU-AFTBI.

Sincerely yours,

**DR. PABLO J. RAFAEL, JR.**

Director, CBDO