SOUTH CAROLINA LAWYERING MENTORING PROGRAM DESIGNATION OF MENTOR/REQUEST FOR APPOINTMENT OF MENTOR

| | e Mentoring Peri | | , 20 and ending | |
|---|------------------|--|--|--|
| Full Name of Newly Admitted Lawyer to be Mentored: | | | | |
| South (| Carolina Bar Nu | mber: | | |
| Check | the appropriate | response: | | |
| | | entoring period. The nar | reed to serve in that capacity ne and address of my | |
| | Name: | | | |
| | Mailing Address: | | | |
| | | | | |
| | | tained a mentor and ask | that one be appointed for me oring team. | |
| approve | * * | e an internal mentoring e requirements of the S. | | |

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Submit Completed Form within 30 days after admission to the South Carolina Bar to:

Commission on Continuing Legal Education and Specialization Post Office Box 2138 Columbia, South Carolina 29202