Mentor Transition Form

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| **Member:** |  |
| Host Organization: |  |
| Former Mentor: |  |
| Member Name: |  |
| Date of Change: |  |

**I. Reasoning**

(Summarize the reasons and need for the Mentor switch)

**II. Impact**

(Summarize the potential impact the switch may have on the other projects and tasks on your Work Plan)

**III. New Mentor**

Name:

Title:

Email:

Phone:

**Please submit this form through the Revision Request Requirement available in the Corps Member’s Chesapeake Bay Trust’s Online Account** [**https://www.grantrequest.com/SID\_1520**](https://www.grantrequest.com/SID_1520)**. Corps Member, former Mentor, and new Mentor will receive an email with confirmation of approval or declination of the request within 2 weeks.**