

ATTACHMENT C

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

**For the Mentoring Period beginning _____, 20__ and ending
_____, 20__.**

**Full Name of Newly Admitted
Lawyer to be Mentored:**

South Carolina Bar Number: _____

Check the appropriate response:

_____ I have selected a mentor, who has agreed to serve in that capacity during the mentoring period. The name and address of my proposed mentor is

Name: _____

Mailing
Address: _____

_____ I have not obtained a mentor and ask that one be appointed for me or that I be assigned to a group mentoring team.

Does your employer have an internal mentoring program that has been approved as satisfying the requirements of the S.C. Lawyer Mentoring Program? ___ Yes ___ No

Signature:

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**