

**APPLICATION/INFORMATION FORM
FOR MENTORSHIP PROGRAM**

Name _____ Graduation Year _____

Major(s) _____ Minor(s) _____

Primary Phone Number _____ Email address _____

Reasons for Participating in this Program: On the back OR on a separate page, tell us briefly why you want to participate in the program.

Your mentor has committed to your professional growth. As such, your mentor and Career Development Services will expect this same type of commitment from you. Are you willing to make this commitment of time and professional exchange? _____

How much time could you commit per MONTH to contact with your mentor? _____

For Pairing Purposes, please be as detailed as possible for the following questions.
(Please feel free to use the back side of this form if needed).

What is your Career Objective?

How would you prefer to have contact/interaction with your mentor?

What type of information do you hope to obtain from your mentor?

What type of industry/organization would you like your mentor to represent?

Do you have any preferences we should take into consideration? (e.g.. years of experience, diversity, gender, etc.)

What specific career path or position would you prefer to have your mentor engaged in? (This is necessary for a correct match)

Please return this form to: Maureen Schaukowitch at
Career Development Services, U Hall Suite 1300