Name: __________________________________________ Date: ___________________

Last    First    MI    Red ID: __________________

Academic standing (check applicable)          Freshman          Sophomore
                                                  Junior          Senior

Email Address: __________________________________________

Phone #: __________________________________________

Please answer the following:

What made you decide to apply?
☐ Faculty recommendation-name: ____________________________
☐ Came on my own  ☐ Student recommendation

For what courses are you requesting a mentor?

<table>
<thead>
<tr>
<th>Course Name/Instructor</th>
<th>Instructor</th>
<th>Section Number or Days/Times</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What specific problems are you having in this course?
☐ Review of Content  ☐ General Study Strategies  ☐ Revise assignments
☐ Homework Help  ☐ Essay Writing  ☐ Vocabulary/Grammar  ☐ Other (Please Describe)________

What other resources have you utilized for help?
☐ Instructor's office house  ☐ Computer lab  ☐ Writing lab  ☐ Other form or tutoring
☐ Study groups

What do you hope to gain through mentoring?
☐ Help with homework  ☐ Grade Improvement  ☐ Networking  ☐ Create Study Group
☐ Quiet place to study  ☐ One on One Support

How many times a week do you plan on utilizing the Mentor Center?
☐ ☐ ☐ Once    Twice    Three or more times

What languages do you speak? __________________________________________
Please indicate all the times you are available for tutoring:

<table>
<thead>
<tr>
<th></th>
<th>9-10</th>
<th>10-11</th>
<th>11-12</th>
<th>12-1</th>
<th>1-2</th>
<th>2-3</th>
<th>3-4</th>
<th>4-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Note: Mentors may not be available during the times you specify)

**Statement of Confidentiality:**

I understand that all of my information is confidential and will only be shared with faculty and mentors (No information leaves the mentor center) please initial ______

By signing below you are confirming that the above information is correct:

________________________  ________________
Student Signature        Date