



**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

TELL US ABOUT YOURSELF: WHERE ARE YOU FROM, WHAT YOU ARE STUDYING, WHAT ARE YOUR INTERESTS/HOBBIES?

HOW DO YOU FEEL THIS MENTOR PROGRAM WILL HELP YOU? WHAT DO YOU SEE AS BENEFITS OF HAVING A MENTOR? WHAT DO YOU HOPE TO GET OUT OF THE MENTOR RELATIONSHIP?

IS THERE ANYTHING WE SHOULD CONSIDER WHEN MAKING YOUR MATCH (I.E. PREFERENCE OF GENDER, PROGRAM, ETC.)?

BY SIGNING BELOW, I ATTEST THAT ALL OF THE INFORMATION PROVIDED ON THIS REGISTRATION FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY COMMIT TO FULL PARTICIPATION IN THE COMMUNITY OF STUDENT MENTORS PROGRAM

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SIGNATURE

DATE