



PROTEGE INFORMATION

Contact Information	
NAME	
DAY PHONE	MSG PHONE
EMAIL	
ADDRESS	
AAS	BS

Personal Information
What classes are you taking this semester?
What are your professional goals?
What are your favorite recreational activities?
Have you had any experience with mentoring? If so, what type and when?
What do you hope to realize through your involvement in the mentor program?

Signature
I have read the guidelines and agree to participate in the Student Peer Mentor Program.
Signed _____ Date _____
<i>Thank you very much for sharing this information. If you have any questions, please call Mary Sue Anderson at 786-6944.</i>