	Men	tee Applicatio	n		
Name:					
Student ID#:					
Address:					-
City:	State:		Zip:		
Telephone #:		Email:			
Preferred Method of Contact (circle on	ie):	Telephone	En	nail	
What interests you most about the Pe	er Ment	oring Program	at Southwes	t?	
What are three basic facts about you t	hat you	r mentor shou	ld know?		
Mentor Match Preference					

The office of peer mentoring will make every effort to match you with the mentor of your choice. However, in the case of high demand, your first choice match may not be available. Please match the mentors below with your order of preference by entering numbers 1-8.

Jody _____ Jessica _____ Pamela _____ Tylan _____

Maria_____ Roy_____ Debbie_____ Akwi_____

Mentee Participation Agreement

Please read the statement below and sign indicating your agreement.

By signing this form, I agree that I have chosen to participate in Southwest's Peer Mentoring Program until I have earned the first 15 credit hours of my degree. I understand that a mentor/mentee relationship is a professional relationship. My mentor is not my surrogate parent, best friend, or romantic interest. My mentor will be an ear to listen when I am struggling and help me to establish goals and to take steps to accomplish those goals. I will develop and abide by a communication plan with my mentor and set appointments with my mentor when a need arises outside of that communication plan.

Signature:	Date:	