



ELON
UNIVERSITY

Peer Academic Mentor Program

Mentee Application

PERSONAL INFORMATION

FIRST NAME: _____

LAST NAME: _____

STUDENT ID #: _____

ELON EMAIL ADDR: _____

CELL PHONE NO: _____

GENDER: _____

HOMETOWN: _____

EDUCATIONAL INFORMATION

POSSIBLE MAJOR: _____

ACADEMIC INTEREST(S): _____

PERSONAL INTERESTS: _____

MENTOR PAIRING INFORMATION

DISCLOSE DISABILITY TO MENTOR? _____ (YES/NO)

_____ (SIGNATURE)

PLEASE RATE THE IMPORTANCE OF THE FOLLOWING QUALITIES TO BE CONSIDERED WHEN MATCHING YOU WITH A MENTOR BY MARKING WITH AN "X".

	Not Important	Neutral	Important	Essential
Gender				
Hometown				
Disability				
Academic Interest				
Personal Interest				

WHEN YOU THINK OF A MENTOR, WHAT ATTRIBUTES DO YOU FIND TO BE MOST IMPORTANT FOR THAT PERSON TO HAVE?

NAME AREAS IN WHICH YOU WOULD BENEFIT FROM ASSISTANCE, GUIDANCE, MENTORING-- (I.E. ORGANIZATION, STUDY SKILLS/HABITS, RESOURCES AT ELON, NOTETAKING STRATEGIES, ETC.....)

WHAT IS THE BIGGEST OBSTACLE YOU FEAR MIGHT IMPEDE YOU FROM SUCCEEDING AT ELON?

Return to:

Disabilities Resources-Belk 226 Tina Kissell tkissell2@elon.edu (scan/email) or fax 1-336-278-6514