

**Child and Family Development**

**Mentor Center Application**

**Mentee**

Name: Date:

 Last First MI Red ID:

Academic standing (check applicable) Freshman Sophomore

 Junior Senior

Email Address:

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

What made you decide to apply?

 Faculty recommendation; Instructor’s Name & Course:

 Came on my own Student recommendation

For what courses are you requesting a mentor?

Course Number Instructor Days/Times

What specific problems are you having?

 Review of Content General Study Strategies Revising assignments

 Homework Help Essay Writing Vocabulary/Grammar Other (Please Describe)

What other resources have you utilized for help?

 Instructor’s office hours Computer lab Writing Center Other form of 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:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 9-10 | 10-11 | 11-12 | 12-1 | 1-2 | 2-3 | 3-4 | 4-5 |
| Monday |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |

(Please 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**