



RETURNING
Mentee Application for 2017-18

Name: _____

Please complete the following fields ONLY if this information has changed within the last year.

Graduation Year(s): _____ Major/Minor(s): _____

Email: _____ Phone #: _____

Local Address: _____

City, State, Zip: _____

Required Questions:

What industry/career field(s) are you interested in? (Please list up to three)

Is there criteria you would like to have considered when matching you with a mentor?

** By signing this form, I agree to all terms and conditions of the Student Alumni Mentoring program: I understand that this program requires two evenings per semester and regular communication. **I understand that attendance to the Inaugural Dinner on Wednesday, October 25, 2017, is mandatory for participation.** I commit to building a mutual relationship with my mentor, to hearing about professional experiences, to sharing my own stories, to respect the difference between us and accept guidance to the best of my ability.*

Signature: _____ Date: _____

Please return this form to: Alumni & Family Relations Office,
Motherhouse 2nd Floor, Room 248, email it to alumni@stfrancis.edu or complete it online at www.stfrancis.edu/sam.