

Peer-Mentor Request Form

Dr. Harley E. Flack Mentoring Program Rowan University

Please Print

Name: _____ Banner ID: _____ Date: _____

Gender: _____ Residential _____ Commuter _____ Campus: Main _____ Camden _____

Home Address: _____
Number Street Apt.#

City State Zip Code Cell Phone # _____

Campus Email: _____ Facebook: _____

Other: _____ Campus Address: _____

Intended Major: _____

Professional/Career Goal: _____

Social Interests/Hobbies: _____

Please rank the following preferences in the order of importance to you in a Peer-Mentor (1st, 2nd, and 3rd):

Intended Major _____ Professional/Career Goal _____ Social Interests/Hobbies _____

What do you hope to gain from the mentoring program?

***** Staff Use Only *****

Assigned Sister Link: _____ Assigned Focus Peer: _____

Comments: _____

Assistant Director's Signature: _____ Date: _____