

Peer-Mentor Request Form

Dr. Harley E. Flack Mentoring Program Rowan University

Please Print

Name: _____ Banner ID: _____ Date: _____

Male _____ Female _____ Residential _____ Commuter _____ Campus: Main _____ Camden _____

Home Address: _____
Number Street Apt.#

City State Zip Code Home Phone #: _____ Cell# _____

Campus Email: _____ Facebook: _____

Other: _____

Campus Address: _____ Campus Phone # _____

Intended Major: _____

Goals: _____

Interests/Hobbies: _____

Would you prefer to be paired with someone in your major? Yes _____ No _____ No Preference _____

Will you be employed this academic year? Yes _____ No _____

If yes, how many hours will you work per week? _____

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: _____