

**University of Wisconsin –Superior
Office of Multicultural Affairs
Peer Mentorship Program**



Mentee Application

Contact Information

Name	
Campus Address	
Home Address	
Home Phone	
Cell Phone	
(UW-S) E-Mail Address	

Demographic information

Are you a transfer student or incoming freshman? _____

Racial/Ethnic background: _____

Please indicate your hometown and state _____

Your Gender: _____

Do you have a gender preference for your mentor? Yes/No

If yes, what is your preference? _____

Interests (information collected on this form will be used for mentor/mentee matches)

Have you declared a major? If so, please indicate. If not, please indicate what subjects you might be interested in pursuing.

List any extra-curricular activities, academic interests, hobbies, etc you currently pursue or hope to pursue in college.

Your mentorship expectations and needs

How do you think you will benefit from the OMA Peer Mentorship Program?

**University of Wisconsin –Superior
Office of Multicultural Affairs
Peer Mentorship Program**

What are your expectations of your mentor? What type of relationship do you expect to develop with him/her?

What aspect of college life do you feel will require the most assistance? Why? (ex. Academic, social, time management, extracurricular, campus/club involvement)

Your commitment

By signing and submitting this form, I agree to the following:

1. Attend a brief mentee training before the program kick-off (TBD)
2. Actively participate in events and programs sponsored by the OMA Peer Mentorship Program.
3. Keep in regular contact with my mentor according to the program guidelines.
4. Contact the Peer Mentorship Program Coordinator or my mentor if I begin having problems related to my first year experience at UW-Superior.
5. Notify the Peer Mentorship Program Coordinator if I am not satisfied with my mentoring relationship.
6. Participate in mid-year and end of year evaluations of the Mentorship Program.

Note: You will get more information on all of these requirements once you receive your welcome letter into the program.

Signature

Date

Return this form to:

Office of Multicultural Affairs, Attn: Gabriela Theis
University of Wisconsin – Superior, Old Main 230A
Superior, WI 54880

If you have questions, please contact:

Gabriela Theis (715) 394-8084 or gtheis@uwsuper.edu