



Title: _____ First Name: _____ Last Name: _____

Class Year: _____ Preferred Email Address: _____

Daytime Phone: _____

Please list all other school degrees and fields of study: _____

What kind of Mentor relationship do you prefer?

- Face-to-face Telephone Email Any

In what geographic area would you like your mentor to be located? _____

What practice setting are you interested in? Check all that apply.

- Large firm (50+) Mid Size Firm (11-50) Small Firm (2-9)
- Solo Practitioner Government Corporation
- District Attorney Public Defender Public Interest
- Other: _____

Please list the practice area(s) you are interested in: _____

Please list the geographic area(s) you are interested in: _____

What additional information would you like to share to ensure a best-fit match? _____

I UNDERSTAND that participation in the SSMP program is for one year from the date the mentor/mentee relationship is established. Agree Disagree

I AGREE to contact the mentor coordinator if I have any questions, comments, or concerns about the Mentoring Program, my mentor, or regarding a change in my abilities to serve as a mentee.
 Agree Disagree

I UNDERSTAND that the Student Success Mentoring Program is not a job placement program, and that the goal of this program is not to gain employment. Agree Disagree

I UNDERSTAND that it is the mentee’s responsibility to initiate contact with the mentor, and that after initial contact it is the mentor’s responsibility to schedule meetings in a reasonably timely manner. Because the nature of student schedules varies, if I am unable to meet with my mentor during a scheduled time or need to cancel a meeting, I will contact the mentor as soon as possible. If I have difficulty receiving communications from my mentor, I will contact the mentor coordinator.
 Agree Disagree

Signature

Drop off application form in Room 130 of Cumberland School of Law