Student Success Mentoring Program
Mentee Information

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

Anne Marovich  Mentor Coordinator  amarovic@samford.edu  (205)726-2443