

Mentorship Application, Academic Year 20__/20__

Date: _____

Name: _____

OHIO email: _____

GPA: Current University Cumulative GPA: _____

Current GPA in ITS Courses: _____

Current Number of Hours Earned: _____

Level (choose one): __FR __SO __JR __SR __Grad

Area of Concentration: _____

Briefly State Your Career Goals:

Instructions:

Complete this form and return it, along with your resume, to Ms Moran at moran@ohio.edu. Your resume will be reviewed and returned if necessary for improvements.

Your resume and this form will be made available to the mentorship screening committee and to potential mentors.

By your submission, you state that all the information you are providing is correct to the best of your knowledge. You acknowledge that your academic status is relevant to the mentorship process and give your permission for the McClure School to provide academic information to prospective mentors.