



Date: _____

African Student Programs Mentor Program

Mentee Interest Form

Name: _____

Major: _____

Email: _____

Phone: _____

Date of birth: _____

1. What are some academic goals you would like to accomplish this year? _____

2. What would you like to gain from having an academic mentor? _____

3. Please list three things that you would expect from your academic mentor: _____

4. Please list your interests, hobbies, extracurricular activities, sports, etc.: _____

5. What is your study style (quiet, library, music, etc.)? _____

6. What is your learning style (visual, auditory, kinesthetic)? _____

7. If there is anything else you would like us to know, please share it here: _____

(Mentor Assignment to be Completed by ASP Office)

Mentor: _____

Please email to rhiannon.little@ucr.edu or drop off in African Student Programs, 133 Costo Hall.