

D'Youville

International Student Peer Mentoring Program

Mentee Application

- 1.) Name _____
- 2.) Major _____
- 3.) Citizenship: _____
- 4.) Anticipated Graduation Date: _____
- 5.) Address: _____
- 6.) Phone Number: _____
- 7.) E-mail: _____
- 8.) Languages spoken: _____

Why do you want to participate in the Peer Mentoring Program?

Please check the boxes below that you are most interested in:

Academic Tutoring	Time Management	Test Taking
Stress Management	Study Skills	Career Assessment / Planning

What types of activities or hobbies are you interested in both on and off campus?

Are there any specific characteristics you would like us to consider when matching you with a mentor?