NORFOLK STATE UNIVERSITY
MENTORING APPLICATION
ACCESS Mentoring Program

□ **Fall** _____ □ **Spring** _____
Year **Year**

Please Print

ID#_____ Name_____ □ Male □ Female Age ____

Home Address_____ Home Telephone#_____
Number Street Apt.# (Area Code) Number

_____ Cell Phone#_____
City State Zip Code (Area Code) Number

NSU E-mail Address:_____

Dormitory Address:_____ Dorm Phone#_____

Academic Major: _____

Goals: _____

_____

What are your personal interests, favorite sports, recreation, or other activities: _____

_____

_____

Would you prefer to be paired with a mentor in your major? □ Yes □ No
Will you be employed this academic year? □ Yes □ No
If yes, how many hours will you work per week? _____

What do you hope to gain from participating in the mentoring program? _____

_____

_____

_____

_____

_____

Office of First Year Experience (FYE)
Academy for Collegiate Excellence and Student Success (ACCESS)