



5. Indicate your mentor preferences: (circle or write on the line)
- |  |                             |
|--|-----------------------------|
| A. Academic area or major: _____                                 | No Preference/Not Important |
| B. Race/ethnicity: _____   | No Preference/Not Important |
| C. Gender:                      Male                      Female | No Preference/Not Important |

6. What are your expectations of the mentor program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please list activities you like to do outside of work and school. Include favorite type of music, interest, hobbies, and/or sport activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What careers are you considering (list as many as you would like)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Feel free to share any other information that may help us make an appropriate mentor match.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you prefer to receive information such as newsletters and reminders electronically (e-mail) or by hard copy form (paper)? Circle one.                      Electronically                      Hard Copy

\* The information provided on this form is strictly confidential. The only people who have access to this information are your mentor and the mentoring staff office. All student files are secured at all times. Although we may not be able to accommodate all of your preferences, we strive to accommodate as many as possible.

**Statement of Intent**

By signing this form, I agree to the following:

- 1) To actively participate in the events and programs sponsored by the FLASH Mentoring Program.
- 2) To respond to email requests from my mentor or the mentor program coordinator.
- 3) To meet with my mentor at least three times per semester.
- 4) To be open and honest.
- 5) To contact the Dean of Students' Office or my mentor if I begin having problems related to my first year experience at SHSU (i.e. academic problems, etc.)
- 6) To notify the Dean of Students' Office if I am not satisfied with my mentoring relationship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this from to:  
 FLASH Mentoring Program  
 Lowman Student Center, Suite 215  
 Box 2508 SHSU  
 Huntsville, TX 77340

If you have additional questions or comments, please feel free to forward them to the FLASH Mentoring Program via phone (936) 294-1785, via email [doso@shsu.edu](mailto:doso@shsu.edu), or via fax (936)294-3961