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.

August, 2019