

Faculty Mentor Application

(Please Print)

Name: _____

Concentration/Specialty: _____

Campus Address: _____

E-mail Address: _____

Campus Phone: _____

Check one of the following:

- I agree to mentor two President Scholars*
- I agree to mentor two incoming freshmen*
- I agree to mentor any two students*
- I cannot be a mentor during this academic year*

Thank you.

Please return this application to
Ms. Maritza Martinez, Assistant Dean
E-mail mmartinez@uamail.albany.edu

OASS/EOP

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