

ALANA
MEN IN MOTION
PROGRAM



CENTER FOR ACADEMIC PROGRAM SUPPORT
Holyoke Community College

Mentor Request Form

(Please Print Clearly)

Name: _____ Student I.D. _____

Phone: _____ Date: _____

Email: _____

Address:

After an initial meeting with the program coordinator, you will be matched with a mentor to receive individualized support with academic skill building, academic advising, and career exploration.

In order to match an appropriate mentor to your schedule, please fill out the times you are available to meet. The more available times you provide the greater likelihood of being placed with a mentor.

(To be filled out by Program Coordinator)

Student: _____

Mentor: _____

Appointment: -----

(Please indicate times that you are available.)

SEMESTER: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					