

Mentor Application Form 2020

APPLICANT INFORMATION

| | | |
|---|---------------|--------------------|
| Name: | | Student ID# |
| Date of birth: | SSN: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
| Permanent Address: Same as Above | | |
| City: | State: | Zip Code: |
| U.S Citizen/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Email Address: | | |

CURRENT ACADEMIC INFORMATION

| | |
|---|------------------------|
| Department/Program: | Major: |
| Faculty Advisor: | Faculty Advisor |
| When were you admitted (Semester/Year): | |
| Number of semester hours earned to date: | Cumulative GPA: |

PREVIOUS DEGREE INFORMATION

| Previous Degree | Institution | Completion Date |
|-----------------|-------------|-----------------|
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Note: Your application must be completed and sent to the email below prior to consideration for admission to the Mentor-Mentee Program. A completed Mentor application consists of the application form, an unofficial transcript and one letter of endorsement written by your academic advisor. Please share recommendation link with your advisor.

| | | |
|--------------------------|--------------------------|--------------------------|
| Completed application | Transcript | Recommendation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | | |

[Faculty Mentor Recommendation](#)

Send Application and Recommendation to CertificatePrograms@howard.edu

Please ask your advisor to send recommendation to CertificatePrograms@howard.edu

I have read and understand the program description and eligibility of the Mentor-Mentee Program. I certify that my statements are true and complete to the best of my knowledge. I understand that participation in this program may be denied if any information is found to be incomplete or inaccurate

| | |
|--|--------------|
| Signature of applicant: | Date: |
| If left blank, your application will be considered incomplete and will not be processed | |