



STUDENT APPLICATION

Legal name: _____

Student T Number (for tracking purposes): _____

Preferred name/nickname: _____

Classification: _____

Age (optional): _____ Major: _____

Local address (include city, state & ZIP): _____

Local phone number: _____ Cell: _____ Birthdate: _____

Please provide the name of your cellular provider so that you
may be reached by text:

Verizon

T-Mobile

Sprint

Cingular/
AT&T

Other:

E-mail address: _____

*Preferred method of contact: phone cell E-mail

Are you a first-generation college student? _____

Are you a single parent? _____

Are you currently employed? _____

What are your career plans? _____

List some of your hobbies: _____

Why are you interested in a mentor? _____

What do you see as the goal of having a mentor? _____

How did you learn about the mentoring program?

Please return this form either by e-mail to mentoring@lit.edu, or drop it by Technology Center of-
fice 240, or by mail to Mentoring, P.O. Box 10043, Beaumont, Texas 77710.

STUDENT AGREEMENT

Below are some guidelines to ensure that you receive the maximum benefits of the program.

- I will commit to participate in the program for one year.
- I will make time for regular meetings and communication with my mentor.
- I will promptly respond to phone calls, E-mails or other contacts from my mentor.
- I will attend official mentoring events as my schedule permits.
- I will give honest answers to mentor questions.
- I will be receptive to information about LIT.
- I will exhibit responsible behavior.
- I will avoid inappropriate communication, conduct or activities with mentors.
- I will be respectful and courteous with mentors.
- I will promptly notify my mentor if I have to cancel a meeting.
- I will complete surveys as requested.

I understand and agree to the above guidelines while participating in the mentoring program.

Name:

Signature:

Date: