

MENTOR REGISTRATION FOR LSER GRADUATE STUDENT MENTOR PROGRAM

Print form and submit completed registration to Trisha Everhart at:
The Pennsylvania State University
133 Willard Building
University Park, PA 16820
Fax: (814)863-3578

GENERAL INFORMATION

NAME: _____

PREFERRED E-MAIL: _____

ADDRESS: _____

_____ HOME OR BUSINESS? _____

PREFERED PHONE: _____ HOME OR BUSINESS? _____

ABOUT YOU

EMPLOYER NAME: _____

TITLE AND BRIEF JOB DESCRIPTION: _____

BUSINESS WEBSITE ADDRESS: _____

ACADEMIC DEGREES/SCHOOL(S)/YEAR(S): _____

CAMPUS ACTIVITIES (WHILE IN COLLEGE): _____

YEARS OF PROFESSIONAL EXPERIENCE: _____

POSITIONS YOU HAVE HELD SINCE GRADUATION FROM PSU:

CURRENT PROFESSIONAL/ VOCATIONAL AFFILIATIONS, VOLUNTEER ACTIVITIES: _____

WHAT ARE YOUR STRONGEST ATTRIBUTES AS A PROFESSIONAL (E.G., ORGANIZATIONAL SKILLS, MOTIVATIONAL, PUBLIC SPEAKING, PERSUASION, PERSONNEL MANAGEMENT)?

WHAT ARE YOU HOPING TO GET OUT OF PARTICIPATING IN THIS PROGRAM?
