School of Medicine
Student Mentee
Application & Matching Form

Directions: Please complete the following application and matching questions. Personal contact information is for the Office of Student Services files, to be maintained for recording and verifying purposes, and given to student mentors for initial contact with student mentees.

The questions asked on the matching section are voluntary and will help to connect you with a student mentor who shares similar characteristics, backgrounds and interests as you. If you have any questions or concerns, please contact Irene Derksen, Senior Student Advisor, iderksen@smu.ky or 345-814-3155.

A.) Personal Contact Information

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<th>Name (First, Last)</th>
<th>Preferred Email</th>
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<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Starting Semester (e.g. Fall 2009)</th>
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B.) Matching Information (Note: The data in this area is used to match mentees with mentors who share similar background, experiences, and interests. This is optional, but highly recommended).

1.) Language(s)
Which language(s) do you speak fluently?
If you listed more than one, indicate which is your first language?

2.) Place of Origin
Where did you grow up (hometown, state/province, country)?

3.) University/ College
Which University/ College current and past, did you attend? (list name and state/province & country)
What is/was your major?
C.) Mentee Criteria & Expectations

Please read over the following criteria and expectations and type your name and date underneath to signify that you understand what is expected of you and agree to fulfill these requirements.

Mentee Criteria
All mentees must meet the following criteria:

- Incoming St. Matthew’s University medical student
- Have a positive attitude
- Be interested in establishing a positive relationship with a student mentor

Mentee Expectations
Mentees are required to fulfill the following responsibilities:

- Maintain contact with student mentor at least once per month
- Have at least two face-to-face meeting each semester
- Ask questions of your mentor
- Not lose contact with your mentor

I, ________________________, have read over the above mentee criteria and expectations and agree to meet these standards and to fulfill the expectations outlined above.

Printed Name                          Date

Please send completed form to iderksen@smu.ky (preferred) or fax to 1-345-945-3130. Thank you.