

Graduate Student Organization

Department of Counselor Education and Counseling Psychology

2015-2016 Mentor Program

**Mentor Sign-Up Form**

Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Information

Gender: Marital Status: Children:

☐ Female ☐ Male ☐ Single ☐ Married ☐ Partnered ☐Yes ☐ No

☐ Transgender ☐ Other

Relocated to Attend Marquette: Living On-Campus:

☐ Yes ☐ No ☐Yes ☐ No

Program Information

Student Status: Degree Currently Pursuing:

☐Full-Time ☐ Part-Time ☐ Master ☐ Doctoral

Master Degree Program Track:

☐Clinical Mental Health (60 Credits):

☐General/Adult ☐ Child/Adolescent ☐ Addictions

☐ School (48 Credits)

Number of Years Pursuing Graduate Studies: \_\_\_\_\_\_\_\_

Current Research Projects (If any)/Research Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Career Aspirations:

☐ Pursue Additional Training/Education

☐ Enter the Field as a Practitioner

☐ Pursue Research/Academia

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why I Signed Up to Be a Mentor:

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Are you willing to have more than one mentee?

☐ Yes ☐ No If yes, how many? \_\_\_\_\_\_

**\*REMINDER\* All mentors must attend the brief mentor meeting in September**