

Student Name: _____

Email Address: _____

Phone Number (where mentor may reach you): _____

Education:

School: _____ Marquette University _____ University of Wisconsin-Milwaukee

Current Year in School: _____ Sophomore _____ Junior _____ Senior _____ Post-bac

Major: _____ Current GPA (*min. 3.25 required*): _____

I have participated in this program in the past: _____ YES _____ NO

Availability and Commitment:

Based on your class schedule and other commitments, please indicate by writing "OPEN" in all time slots you are most likely available to meet with your mentor:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING					
AFTERNOON					

I will have my own transportation this semester: _____ YES _____ NO

Specific area(s) of medical interest*: _____

*If you are selected to the program, we will try to pair you with a physician whose specialty matches your specific area of medical interest. However, we ask that you remain open to any experiences, as we are unable to guarantee placement with any one particular specialist.

Application Addendum Requirements:

- Please submit a brief cover letter indicating what you hope to gain from this experience.
- Please include a copy of your current resume if available, highlighting academic history, employment history, and volunteer experience.

Participation Agreement:

I understand that every student experience in the Milwaukee Pre-Med Mentor Program will be unique, and that some students will have opportunities for patient interaction while others will have opportunities for conversational learning from their mentor.

If selected to participate in this program, I hereby agree to the following, and understand that failure to comply may jeopardize the program's future:

- Abide by the Milwaukee Pre-Med Mentor Program guidelines;
- Attend a mandatory orientation meeting prior to the start of my assignment;
- Notify my physician mentor if I am unable to attend any scheduled appointments;
- Dress and act professionally at all times during my mentorship experience;
- Complete all required HIPPA and other documentation as required;
- Provide a written evaluation to MSMC following the program.

Signature

Date

****Return Application to your Pre-Med Advisor's office (Rebecca D'Amore in Marquette Hall, room 208 or Laurie Goll in Schroeder Complex, room 244) by the deadline of February 14, 2014****