

# Academic Mentor Program

Name: (Last Name, First Name) \_\_\_\_\_ (print legibly)

3<sup>rd</sup> Period Teacher \_\_\_\_\_ Room \_\_\_\_\_

Email: \_\_\_\_\_

Mentor choice (list top three staff members) PRINT LEGIBLY

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Please return this form to the front office or guidance office no later than November 29, 2018

See Ms. Nasir if you have any questions