NIU COLLEGE OF LAW – FIRST YEAR MENTORING PROGRAM

MENTOR APPLICATION

NAME: ____________________________________________________________

BUSINESS/FIRM NAME AND ADDRESS:

____________________________________________________________________

____________________________________________________________________

BUSINESS PHONE: ________________________________________________

BUSINESS E-MAIL: ________________________________________________

PRACTICE AREAS: _________________________________________________

____________________________________________________________________

BAR/GROUP MEMBERSHIPS: __________________________________________

____________________________________________________________________

IF POSSIBLE, WE MAY BE ABLE TO MATCH YOU WITH A STUDENT WHO HAS INDICATED A SPECIAL INTEREST IN WORKING WITH A MENTOR WHO HAS IDENTIFIED HIM/HERSELF AS A MEMBER OF A SPECIAL GROUP (I.E. SECOND CAREER STUDENTS, MARRIED STUDENTS, STUDENTS WITH CHILDREN, PEOPLE OF COLOR, LGBT, WOMEN, ETC.)

IF YOU ARE INTERESTED IN SUCH A MATCH, PLEASE TELL US WHICH GROUP(S):

____________________________________________________________________

PLEASE RETURN THIS FORM TO:

GREG C. ANDERSON, DIRECTOR
CAREER OPPORTUNITIES & DEVELOPMENT
NIU COLLEGE OF LAW
SWEN PARSON HALL 280
DEKALB, IL 60115
E-MAIL: GANDERSON@NIU.EDU FAX (815) 753.4501

THANK YOU FOR YOUR TIME AND COMMITMENT TO OUR STUDENTS!

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