

## TLSAMP Mentee Contact Information

Mentee Name: \_\_\_\_\_ Residence Hall: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Alt. Email: \_\_\_\_\_ Major: \_\_\_\_\_

**Mentee's Course List: Semester** \_\_\_\_\_

Course Name	Location	Time	Professor

### Proposed Contact Times (Minimum 4 Hours per Week)

M	T	W	TH	F	Sa	Su

Mentee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_ Date: \_\_\_\_\_