

Protege Application
Minority Mentoring Program
The College of New Jersey

Peer Mentor Request (Please check one)

_____ Yes, I want a peer mentor for the _____ academic year and I am providing my home address, telephone and e-mail address so my mentor can contact me during the summer.

_____ Yes, I want a peer mentor for the _____ academic year, but I don't want you to provide my home address and telephone number to my mentor. I will meet that person after the semester begins.

_____ No, I am not interested in being assigned a peer mentor from the Minority Mentoring Program.

Name _____ Male _____ Female Date _____
 Last Name First Name

Address _____

Telephone(Day) _____ (Evening) _____ Date of Birth: ___/___/___ Age: ___

Major _____ Personal E-Mail Address _____

TCNJ E-Mail Address _____

Name your personal interests, favorite sports, hobbies, recreation, or other activities:

Are you a smoker? ___ Yes ___ No: I would like to be matched with a ___ non-smoker ___ smoker ___ no preference

Are there specific characteristics that you would want us to consider in matching you with a mentor?

Is there any other information about yourself that would help us in matching you?

What do you hope to gain from this program? _____

Please return this form in the postage paid envelope that is in your packet