



LEHMAN
COLLEGE

**The Urban Male
Leadership Program**

Shuster Hall, Room 179
250 Bedford Park Boulevard West
Bronx, NY 10468

Tel: (718) 960-8801
Fax: (718) 960-8243
Web: www.lehman.edu

Mentor Registration Form

Date: _____

Name: _____
First Last

Gender: ☐ Male ☐ Female Birthday: _____

Race/Ethnicity: ☐ African-American ☐ Latino ☐ Asian ☐ White Other: _____

Office Number: () _____ Cell Number: () _____

Email Address: _____

Status: ☐ Faculty ☐ Staff ☐ Administrator

Highest Degree: ☐ HS Diploma ☐ Associates Degree ☐ Bachelors Degree ☐ Masters ☐ Doctorate

Area of Academic Specialization: _____

Areas of Professional Expertise: _____

To get the full benefits of the mentorship program we ask that you commit to meeting with your mentee at least one hour per month, and communicating with your mentee at least once a week either by e-mail or telephone.

Why are you interested in being a mentor?

If you are a faculty member, what courses do you teach?

What special interests, hobbies, or leisure activities do you enjoy when you're not at work?

Please share any additional background information about yourself which can help to match you with a mentee?

