

Student Name___

Blessing-Rieman College of Nursing Peer Mentoring Program

Return to Student Service by April 30th.

Mentor Application Form

If additional Why I want to be		questions please use the b	pack and/or a new page.
What I have to co	ontribute as a Peer Mentor:		
What I expect to	ain personally as a Peer Mentor: Ollowing to assist us in matching you to mentees: O CSC O Sophomore O Single O QU O Junior O Married O Advance Placement O Senior O Children O John Wood O Divorced T Mentor you must be in good Academic Standing; maintain the ICARE and Student Code of a signal be recommended by 1 faculty member and 1 faculty/staff member.		
Please check the	following to assist us in matchi	ng you to mentees:	
O Female	O CSC	O Sophomore	O Single
O Male	O QU	•	
O Age	O Advance Placement	O Senior	O Children
	O John Wood		O Divorced
Conduct Standar	ds; and be recommended by 1 ete the required Peer Mentor T	faculty member and 1 fac	ulty/staff member.
Student Signature Date		re	
Please complete Services Officer.	the above information; obtain	required signatures; and r	return this form to the Student
Good Academic S	Standing O Yes O No		
I recommend the	e above student as a Peer Ment	Registrar or:	Date
BRCN Faculty		BRCN Faculty/Sta	 aff