

MAVERICK LEADERSHIP NETWORK MENTEE APPLICATION

2019-2020

NAME	(PLEASE PRIN	т):			
EMAIL:	:			PHONE:	
ADDRE	SS:				
CITY:		STATE:			ZIP:
EDUCATIONAL INFORMATION:					
MAJOF	R:				
MINOR:					
EXPECTED GRADUATION DATE:					
CURRENT ACADEMIC LEVEL (CIRCLE ONE):					
	FRESHMAN	SOPHOMORE	JUNIOR	SENIOR	

CAREER GOAL/FIELD OF INTEREST:

WHAT DO YOU HOPE TO GET FROM THIS EXPERIENCE AS A MENTEE?