STUDENT PROTÉGÉ APPLICATION FORM

Students who wish to participate in this program must be juniors majoring in business administration, accounting, IBLAS or economics. Seniors in these majors who spent an entire semester as a junior in a study-abroad assignment are also eligible. Student participants must be enrolled full-time in the current academic year and be available both fall and spring semesters. Students may only participate in this program for the one year.

First Name ______________________  Last Name ________________________________

Major: _____ ACCT  _____ BUAD  _____ IBLAS  _____ ECON

Do you plan to have a concentration?   _____ No  _____ Yes
If yes, which one? _____ HR  _____ MGNT  _____ MKT  _____ FIN  _____ GLBL

School Address ______________________________________________________________
____________________________________________________________________________

Campus Phone ___________________  Cell Phone _____________________________

Email Address ___________________

Planned Graduation Date:  _____ Dec 16  _____ May 17  _____ Dec 17

Do you have a preference for your mentor’s industry/specialization? If so describe. We will try to accommodate your preference but may not be able to do so given the pool of mentors.
__________________________________________________________________________
____________________________________________________________________________

During 2015-16 School Year:
  Will you have access to a car? _____ Yes  _____ No
  Do you plan to participate in a full-time internship? _____ Yes  _____ No
  If yes, approximately how many hours/week? ____________

__________________________________________________________________________

____________________________________________________________________________
Student Goals for Participation in the Alumni Mentor Program

Please be detailed and specific when describing YOUR goals and motivations for participating in the Mentor Program.

Why do you want to participate in the Mentor Program?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

What are the top two goals that you have for your participation in the Mentor Program?
Goal 1:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Goal 2:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Please complete this application form and mail it to Dr. Eliot Elfner, St. Norbert College, 100 Grant Street, De Pere, WI 54115; or email it to alumnimentor@snc.edu or eliot.elfner@snc.edu.