



Sidekicks Mentorship Program - ADVISEMENT DATA

Date:		Banner ID :		Status:	
Phone:		E-Mail:			
Name:				Circle One:	
				Mentor	Mentee
Advisement Business					
Schedule Planning	<input type="checkbox"/>	Academic Plan	<input type="checkbox"/>	Career Goals	<input type="checkbox"/>
Financial Aid	<input type="checkbox"/>	Scholarship	<input type="checkbox"/>	Internship	<input type="checkbox"/>
Pre-Major	<input type="checkbox"/>	Other (Please be specific)			
Time Length of Session:					
Printed Advisor Name:				Advisor Signature	



Sidekicks Mentorship Program - ADVISEMENT DATA

Date:		Banner ID :		Status:	
Phone:		E-Mail:			
Name:				Circle One:	
				Mentor	Mentee
Advisement Business					
Schedule Planning	<input type="checkbox"/>	Academic Plan	<input type="checkbox"/>	Career Goals	<input type="checkbox"/>
Financial Aid	<input type="checkbox"/>	Scholarship	<input type="checkbox"/>	Internship	<input type="checkbox"/>
Pre-Major	<input type="checkbox"/>	Other (Please be specific)			
Time Length of Session:					
Printed Advisor Name:				Advisor Signature	