



Thank you for your interest in the Executive Mentor Program. This application will allow us to successfully match our students with experienced executives.

First Name: _____ **Nickname:** _____ **MI:** ____ **Last Name:** _____

Suffix: _____ **Gender:** Male Female Not Disclosed

Birth Date/Month: _____ **Student ID #:** _____

Ethnicity: *(optional) (Please check all that apply)*

Hispanic or Latino Descent American Indian or Alaska Native Asian Other

Black or African American Native Hawaiian or Other Pacific Islander White

Current Degree Program at UWF:

Academic Standing: Junior Senior Masters/Graduate

UWF EMail: _____ Expected Graduation Term: _____

Expected Graduation Year: _____ Overall GPA: _____

My Current Degree is: Online Face-to-Face

Degree:	Global Economics	Management
Accounting	Global Marketing	Marketing
Economics	Hospitality	MBA
Finance	Sales Management	General Business
MACC	Supply Chain Logistics	Mgmt Info Sys

Please attach your Resume to this application: Attached

*If you would like help creating your resume,
please contact **Career Development and
Community Engagement** at 850.474.2254 or
career@uwf.edu*



Student Application

Local Mailing Address: _____

Local City: _____ Local State: _____ Local Zip Code: _____

Cell Phone: _____ Home Phone: _____

UWF Email Address: _____

Personal Email Address: _____

Home Mailing Address: _____

Home City: _____ Home State: _____ Home Zip Code: _____

Home Country: _____

Do you have a preference for your Mentor's industry/specialization?

We will try to accommodate your preference, but may not be able to do so given the pool of Mentors.

Do you have access to a car? Yes No

Education:

Prior College/University Name: _____

Graduation Year _____ Degree(s) Earned: _____

Prior College/University Name: _____

Graduation Year _____ Degree(s) Earned: _____

High School Name: _____ Graduation Year: _____

High School City: _____ State: _____

Country _____

Prior College and High School Clubs, Organizations & Activities:



Student Application

I'm a... (optional) (Check all that apply)

International Student Student with Disabilities

First Generation Student Adult Student
(30 years or older)

Active Military or Veteran Branch _____ Highest Rank _____

Personal Summary: Be honest and give your future mentor a view of who you are, and how your life experiences so far have shaped you.

Career Plans and Aspirations: Honestly answer the question, "What do you want to be when you grow up?"

Hobbies/Interests: Do you play an instrument? Are you skilled in a specific sport or have a favorite team? Tell your potential mentor what you do for fun.



Student Application

Why I want an Executive Mentor: What are some of the things you would want your mentor to help you with? Identify what you expect of your mentor, from a specific industry to the goals for your career most in need of help.

(Reminder: It is not the mentor's responsibility to find you a job, but rather to help you with your search.)

The following person has recommended me for this program:

Name: _____

Title: _____

Company: _____

Email: _____

Phone: _____

By checking this box and submitting this application you acknowledge that the information is true and accurate to the best of your knowledge.

Thank you for applying. You will be contacted by the UWF Executive Mentor Program soon.

Authorization for Release of Student Information (in accordance with FERPA):

I authorize UWF to release information from this application and the resume I submit to potential mentors to facilitate the matching process with a business executive.

The above information may be released with my full consent.

Signature: _____ Date: _____

Return Application: Building 76A/224 | Fax 850.474.2342 | executivementor@uwf.edu

Photo/Video Release Form



I authorize the University of West Florida, acting for and on behalf of the University of West Florida Board of Trustees (“University”) and those acting pursuant to its authority to:

- (i) record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium;
- (ii) use my name and biographical material in connection with such recordings; and
- (iii) use, reproduce, exhibit, and/or distribute my name, biographical material, and such recordings in any medium (e.g., print publications, video, internet, etc.) for a variety of promotional, advertising, educational, and/or other lawful purposes.

I agree to release the University from all liability related to the recordings and waive any claims or rights of compensation or ownership regarding such uses, and agree and understand that all such recordings shall remain the property of the University.

Student Faculty Staff Other

Name of Participant _____
(Please print)

Signature of Participant _____ Date _____
(If 18 or older)

IF UNDER 18:

Legal Guardian Name _____
(Please print)

Legal Guardian Signature _____ Phone number _____

Email _____

OFFICE USE ONLY:

Project/Intended Use _____

Filed By _____