Name:_________________________________________ UFID:_________________________

First semester at UF (Summer B / Fall 2017):__________________ Cell :____________________

Gatorlink E-mail:_______________________________________________________________

Please tell us how you heard about this program (check all that apply):
☑ Academic Advisor ☑ Social Media ☑ UFL email
☑ The Pulse Student Newsletter ☑ HHP website ☑ Other:_______________

What type of communication would you prefer with your mentor (check all that apply)?
☑ In person (preferred) ☑ Text/Cell phone ☑ Social Media
☑ UFL email

What is your intended HHP major?
☑ Applied Physiology & Kinesiology Athletic Training
☑ Athletic Training
☑ Health Education & Behavior
☑ Sport Management
☑ Tourism, Event & Recreation Management

Are you pre-health? (ex: medicine, dental, physical therapy, occupational therapy, physician’s assistant, nursing, pharmacy, etc.)
☑ Yes ☑ No ☑ Unsure

Why are you interested in having a mentor? What types of questions or issues would you like to discuss with your mentor? (Can be academic related such as time management tips or study habits OR non-academic related such as restaurant recommendations or things to do around town.)

Signature ___________________________________ Date _______________________

Please return completed applications to Sarah Eberhart in FLG 200/HHP Dean’s Office by September 15, 2017 at 4:00pm. Incomplete applications will NOT be accepted.