Student Information Survey

for the
AIA Atlanta Mentoring Program
2007 - 2008

Please complete the questions below to provide some background information for making the best match with a potential mentor. **Please print legibly.**

Name: _____

Year of study: _____

Address for written Correspondence: _____

_____

_____

Phone: _____

Email address: _____

Questions:

1. What school do you attend? _____

2. Do you know a specific person you would like to be assigned as your mentor? Please indicate name and location.

3. Do you have a specific area of interest that you would like your mentor to have also?

SAMPLE

YOUR NAME: _____

4. Do you prefer a particular kind of interaction (email, person-to-person meetings, etc.), or do you not have a preference?

5. Are there other attributes you would like your mentor to have (i.e., years in the profession, types of architectural experience, gender preference, etc.), or do you not have a preference?

Agreement:

I agree to:

- Be responsive to my mentor when he/she contacts me, by returning the contact promptly.
- Be prepared with thoughtful questions when I meet with or contact my mentor.
- Respect my mentor's time commitment toward helping me.
- Make an effort to meet personally with my mentor during each semester.
- Actively participate in making this mentoring relationship successful.

_____

Signature **Date**

Please mail, fax or email to:
Bill Abballe
AIA Atlanta Mentoring Program, Chair
2700 Promenade Two
1230 Peachtree Street NE
Atlanta, GA 30309-3591
Phone #: 404.946.6681
Fax #: 404.682.4681
Email: wabballe@tvsa.com (pdf format)

SAMPLE