

## What are the benefits to the mentee?

- Experience personal and professional growth
- Gain knowledge and understanding of the institution
- Acquire new skills
- Expand relationships
- Preparation for being a mentor

## COAP Mentee Registration Form

### Contact Information

Name \_\_\_\_\_

Department \_\_\_\_\_

Location \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Current Supervisor \_\_\_\_\_

By completing this document you are agreeing to commit to the mentor program as described in the attached documents. Please have your supervisor sign in the space below indicating their approval of your participation as a mentee.

**Interests:** i.e. Reading Books, Gardening, etc.

\_\_\_\_\_

**Skill Set Requests:** i.e. Outlook, Excel, Customer Service, Budget, Payroll, etc

\_\_\_\_\_

**Your signature and date**

\_\_\_\_\_

**Supervisory approval and date** \_\_\_\_\_

Please email the form to: [coap@wiu.edu](mailto:coap@wiu.edu)