Foothill College
Minority Transfer Program
Mentor Links
Mentor Response

Please copy and return to the Caritha Anderson (Transfer Center) mailbox.
Address: *12345 El Monte RD, Los Altos Hills, CA 94022*

Your name: (Please print)_____
Department: _____
Telephone: _____
School: _____

_____ Yes, I agree to participate as a MTP **faculty/ staff mentor** for the 2000-01 academic school year.

_____ Yes, I agree to participate as a MTP **peer student mentor** for the 2000-01 academic school year.

_____ I agree to participate only during the following quarters: (check one or more)
_____ Fall 2000 _____ Winter 2001 _____ Spring 2001

_____ I am sorry, I can not participate at this time.

Please include any recommendation and/ or brief description of yourself. Please use the space provided below or attach and copy.

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