



Verification of Interest in Participating in the Faculty and Professional Staff Mentorship Program for Students with Disabilities

Academic Success Center/Disability Resources

Savitz Hall
Suite 304
201 Mullica Hill Road
Glassboro, NJ 08028
856-256-4259

Faculty or Professional Staff Member's Name: _____ Date: _____

Address: _____

Telephone: _____ E-mail: _____

1. I'm interested in mentoring a student with a disability. Please list preference to mentor a student based on their major or disability:

- Major: _____
- Disability: _____

We will be in contact via e-mail regarding your interest and request.

Please note: Though we strive to make sure that the Faculty and Professional Staff Mentorship Program is of great benefit to both parties, at no time is a match guaranteed.

Signature: _____ Date: _____

**Return this form to:
John Woodruff
Academic Success Center
Rowan University
201 Mullica Hill Road
Glassboro, NJ 08028-1701
Fax: 856-256-4438
Phone: 856-256-4234
Email: Woodruff@rowan.edu**