

**THOMAS M. COOLEY ALUMNI MENTOR PROGRAM**  
**STUDENT INFORMATION SHEET**

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NAME: \_\_\_\_\_ CURRENT PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

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PERMANENT PHONE : \_\_\_\_\_

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E MAIL: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

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AREA OF LEGAL INTEREST: \_\_\_\_\_

TERM AT THOMAS COOLEY: \_\_\_\_\_

EXPECTED GRADUATION MONTH/YEAR: \_\_\_\_\_

GEOGRAPHIC AREA - DESCRIBE THE REGION WHERE YOU WISH TO BE LOCATED. THE LARGER THE AREA GIVEN THE MORE LIKELY A MENTOR WILL BE FOUND FOR YOU (I.E. "SOUTHEASTERN MICHIGAN" RATHER THAN "PONTIAC, MICHIGAN"): \_\_\_\_\_

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CAREER GOALS - BE AS GENERAL ("LAWYER") OR AS SPECIFIC ("PERSONAL INJURY") AS YOU LIKE: \_\_\_\_\_

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ACTIVITIES, INTERESTS, INVOLVEMENTS, ETC.- THE MORE WE KNOW, THE BETTER MATCH WE CAN ASSIGN YOU!:

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PLEASE USE THE SPACE BELOW (OR THE BACK OF THE SHEET) TO SHARE ANY ADDITIONAL INFORMATION ABOUT YOURSELF, OR WHAT YOU HOPE TO GAIN FROM AN ALUMNI MENTOR, WHICH MIGHT HELP US PAIR YOU MOST APPROPRIATELY.

PLEASE RETURN THIS FORM TO:

DARRYL PARSELL, DIRECTOR OF ALUMNI RELATIONS, THOMAS COOLEY LAW SCHOOL, 300 S. CAPITOL AVE., PO BOX 13038, LANSING, MI 48901

APP. DATE: \_\_\_\_\_