



THE UNIVERSITY OF
WINNIPEG
alumni association

Mentorship Opportunity

Name: _____

Indicate whether you would like to be a Mentor or a Mentee _____

Graduation Year (or Anticipated Graduation Year) _____

Degree _____ Major _____

Are you willing to meet with your appointed Mentor/Mentee for one or more sessions in the coming year? Yes _____ No _____

Email _____

Phone number _____

Mailing Address

Street: _____

City: _____ Province: _____ Postal Code: _____

Please keep my name on file for future opportunities until: _____

Please scan and email this form to alumni@uwinnipeg.ca

Mail to:

Alumni Affairs, University of Winnipeg

515 Portage Ave.

Winnipeg, MB R3B 2E9