# Student Request Form

## Contact Information

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Student ID</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>E-Mail Address</td>
<td></td>
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</tbody>
</table>

## Academic Information

<table>
<thead>
<tr>
<th>Class Standing</th>
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<tbody>
<tr>
<td>Academic College</td>
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<tr>
<td>Major</td>
<td></td>
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<tr>
<td>Student Groups</td>
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<tr>
<td>Special Interests</td>
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## Availability

**How soon would you like to arrange your meeting?**

- ___ 3-4 weeks
- ___ next month
- ___ as soon as possible
- ___ no preference

**Which days of the week are generally best for you?**

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday

**During which hours are you available to meet?**

- ___ Weekday mornings
- ___ Weekend mornings
- ___ Weekday afternoons
- ___ Weekend afternoons
- ___ Weekday evenings
- ___ Weekend evenings

**Where would you prefer to meet?**

__________________________________________________________________________

__________________________________________________________________________
Professional Goals

*Please briefly describe your professional goals and interests.*

Expectations

*What do you hope to gain from this experience?*

How did you hear about SAVOR ub?

Were you referred to the program? If yes, by whom were you referred?

*Please return completed forms to Sabrina Viscomi at sviscomi@ubalt.edu or 410-837-6255 (fax).*