



**University of Houston
Department of Athletics Mentor Program**

Name: _____

Department: _____

UH Mail Code _____

Phone: _____

Email: _____

I would like to serve as a mentor to:

____1 ____2 Student-Athletes

Special Requests (specific team or career goals):

For more information, please call (713) 743-9983

**Please return this form to
Maria Peden ATH 6742
Or by fax 3-9365**