



# Skyhawk Station

Skyhawk Station, Room 160  
skyhawkstation@fortlewis.edu | 970-247-7301

## FACULTY MENTOR REQUEST

Faculty mentors are only assigned for declared majors. The faculty member must sign this form indicating that they agree to be your faculty mentor.

### Student Information

_____	_____	_____
Student ID	Student Name	Cell Phone #
_____		_____
1 <sup>st</sup> Major	2 <sup>nd</sup> Major	

### Faculty Mentor Change Request

_____	_____
Department	Faculty Name
_____	
Student Signature	Date

**Faculty: By signing below, you agree to be the above-named student's faculty mentor.**

_____	_____
Faculty Signature	Date