



WASHBURN UNIVERSITY
SCHOOL OF LAW

Mentor Program
2011-2012

MENTOR INFORMATION

Name _____ Class of _____

Employer _____

Employer Address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

H: Phone (_____) _____ W: Phone (_____) _____

Email _____

Practice Areas _____

Special Interests _____

Preferred Contact: (Please circle one) Home or Work

Undergraduate School and Major _____

Non-Legal Work Experience _____

Comments/Suggestions _____

Thank you for participating in this worthwhile program!

Please direct questions to:

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Carolyn Barnes, Director of Alumni Services
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