

# Pre-Med Mentorship Questionnaire

This form is to gather information that will be used for matching mentors/mentees.

[scholarworks@boisestate.edu](mailto:scholarworks@boisestate.edu) [Switch account](#)



\* Indicates required question

Email \*

Record [scholarworks@boisestate.edu](mailto:scholarworks@boisestate.edu) as the email to be included with my response

What year are you in?

- Freshman
- Sophomore
- Junior
- Senior
- Other: \_\_\_\_\_

Would you like to be a mentor or mentee?

- Mentor
- Mentee
- Both (Juniors/Seniors)

What are you hoping to get out of this mentorship?

Your answer \_\_\_\_\_

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What aspect of the medical school application are you most worried about?

Your answer

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Are you interested in a specific specialty of medicine?

Family Medicine

Emergency Medicine

Surgery

Anesthesia

Other: \_\_\_\_\_

If you have them, what are your top 3 medical schools?

Your answer

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What do you like to do for fun?

Your answer

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