

Dragons for Disability Awareness (DDA) Mentee Application

Contact Information

First and Last Name: _____ Preferred Pronouns: _____

(e.g. she/her/hers)

8-Digit Drexel ID #: _____

Phone Number: _____

Drexel Email Address: _____

Academic Information

College: _____

Major: _____

Year (e.g., first-year): _____

Personal Information and Preferences

What are your hobbies and interests outside of academics? Please list 1-3 of your interests.

- 1.
- 2.
- 3.

What do you hope to gain from this program? Select all that apply

- Academic assistance
- Social support
- Self-advocacy
- Other (please specify): _____

Gender Identity (skip if you prefer not to disclose): _____



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Communication- Please rank your preferred method of communication on a scale of 1-5 (1 being your first choice):

Email _____ Phone Call _____ Text _____ In-person _____ Zoom _____

Match Preferences- How would you like to be matched with your mentor? Please rank your preferences on a scale of 1-4 (1 being your first choice):

Disability _____ Major _____ Gender Identity _____ Other (please specify) _____

Thank you for your interest in joining the ODR's Dragon's for Disability Awareness Peer Mentoring Program!

Application can be submitted in one of the following ways:

Email: disability@drexel.edu

Fax: 215.895.1402

DEADLINE: Friday September 3, 2021.