**Appendix 1**

Residential College “Mentor Workshop” Appointment Reservation Form

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| --- | --- | --- | --- |
| Name |  | Faculty (Programme & Year) |  |
| Student ID |  | Contact No. |  |
| Hostel Address |  | Desired Coaching Method | □ Individual□ Group (2-5 people)(6-10 people) |
| Appointment Mentor |  | Reservation time |  |
| Problem(s)(Please fill in the questions that you would like to consult or ask so that your mentor can provide targeted counseling) |  |
| Desired effect |
|  |
| Mentor consultation report (the following information is filled by the mentor/tutor) |
| 1. Consultation period:
2. Main problem(s):
3. Basic situation:
4. Related suggestions:

(Attached page is allowed)  |