**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) | | | |