

FACULTY MENTOR PROGRAM STUDENT APPLICATION

PLEASE WRITE LEGIBLY

Personal History	(Last Name)	(First Name)	(M.Initial)	(Age)				
On Campus Address	(Quad)	(Hall)	(Box #)	(S.S.#)				
Off Campus Address	(Street)	(City)	(State)	(Zip)				
Telephone Number	(Work)	(Home)	(E-Mail)					
Academic Advisor	Academic Interests			(Male) (Female) () ()				
Possible Major/s	(1st)	(2nd)	(3rd)					
Hobbies								
Check All That Apply	(Pres. Scholar) ()	(Frosh) ()	(Upper-class) ()	(Self-Referral) ()	(MRP) ()	(EOP) ()	(Returning) ()	(Other) ()
Why are you signing up for a mentor?								
Is there someone here at the University you would like to have as a mentor? If so, please specify.								
Do you have means of transportation?								
Will you be able to meet with your mentor if he/she is located off the main campus? (Ex. Downtown campus or CESTM BLDG)								
DO NOT FILL IN THIS SECTION. THE FMP OFFICE MUST COMPLETE THIS SECTION.								
Assigned Mentor's Name	(Last)	(First)						
Concentration								
Mentor's Address	(Bldg.)	(Floor Level)	(Room #)					
Mentor's Contact Info	(Phone Number)			(E-mail Address)				