

UA Transfer Connections
Mentor Application--2009-2010

Name _____ Student ID # _____

Mailing address _____

Phone _____ Email _____

Hometown _____ Do you live on or off campus? _____

Date of birth _____

Academic Information:

Current UAlbany GPA _____ Total number of credits earned _____

School(s) transferred from _____

Semester you transferred to UA _____ Expected graduation date _____

Current UAlbany major/minor _____

Extracurricular Information:

What activities on/off campus are you currently involved with? (clubs, jobs, internships, etc.)

Are you currently in good judicial standing at the university? Circle one: Y N

How many mentees would you prefer to work with? Circle one: 1 2

Why are you interested in becoming a transfer peer mentor? _____

Which training session will you be attending? Circle one:

Tuesday, April 21st from 2pm-4pm

Wednesday, April 22nd from 5pm-7pm

Please return this form by Friday, April 17, 2009 to Kelly Lamb in the Office of Undergraduate Education, LC-30.