



OFFICE OF MULTICULTURAL DEVELOPMENT
Peer Mentor Program

Please complete the entire form. Print the information clearly and legibly.

Advisee's Personal Information

Name: _____			Student ID # _____
First	Middle Initial	Last	

Gender: Male Female Ethnicity: _____ Date of birth: ____/____/____

Local campus address:

Street / Res. Hall / Apt. # P.O. Box City State Zip Code

Campus/local phone: (____) _____ Cell phone: (____) _____

E-mail: _____@uakron.edu Personal e-mail: _____

Summer/Permanent home address

Street / Res. Hall / Apt. # P.O. Box City State Zip Code

Summer/Home phone: (____) _____

Advisee's Academic Information

I am a: First-Year Student Sophomore Junior Senior

In: University College Summit College Degree-Granting College: _____

(Intended) Major/Minor: _____ Undecided / Exploring

Number of academic credit hours completed to date: _____ Current CUM GPA: _____

Activities I enjoy or am interested in (please select all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Writing | <input type="checkbox"/> Cultural Events |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Travel | <input type="checkbox"/> Religious Involvement |
| <input type="checkbox"/> Playing Sports | <input type="checkbox"/> Watching Sports | <input type="checkbox"/> Video Games |
| <input type="checkbox"/> Movies/Theater | <input type="checkbox"/> Performing Music/Dance | <input type="checkbox"/> Professional Clubs/Organizations |

Other Activities & Interests: _____

Are you interested in working with a Peer Mentor? YES NO

I would like my Peer Mentor to be Male Female or I have no preference

Advisee's Name Signature Date