

## Peer-Mentoring Program



Peer-Mentoring Program Application				
APPLICANT INFORMATION				
Name:				
Current address:				
City:	State:	ZIP Code:		
Phone:	E-mail:	Student ID#:		
School:	Major:	G.P.A.:		
Credit Hours Earned:	Ethnicity/Race (for reporting purpose	es only):		
Mentoring/Leadership Experience				
Courses taken relevant to leadership or mentoring (list course number, title, and brief description of applicability):				
1.				
2.				
3.				
4.				
5.				
(Please use back of sheet if additional space is needed.)				
Leadership Experience (Student Organizations, Professional Experience, Personal Experience, etc.):				
1.				
2.				
3.				
4.				
5.				
Peer Mentoring Philosophy				
What is your motivation for applying to be a peer mentor?				



Peer-Mentoring Program Application			
What are your career goals? How do you	think that peer-mentoring could cont	ribute to those plans?	
What is the value of a First-Year Semina	r?		
What is the value of a peer mentor?			
	References		
Name	Title	Email	



Peer-Mentoring Program Application			
Signature of applicant:		Date:	
Please return completed application to Dr. Anne Gessler at <a href="mailto:gessler@uhcl.edu">gessler@uhcl.edu</a> by May 15. Applicants meeting minimum requirements for the program will be reviewed and contacted for an interview, if chosen.			

Please be prepared to bring this schedule and an unofficial transcript to your interview, if selected.

## **Applicant Name: Schedule Availability** (Please mark through times in your schedule—due to work or class—that you cannot attend a FYS section.) Thursday Wednesday Friday Monday Tuesday 8:00 a.m. 9:00 a.m. 10:00 a.m. 11:00 a.m. 12:00 p.m. 1:00 p.m. 2:00 p.m. 3:00 p.m. 4:00 p.m. 5:00 p.m. 6:00 p.m.

(Please do not mark through times during which you would "rather not" attend a section. Your availability might determine whether or not the Program can consider your application at this time.)

