

# FACULTY MENTOR PROGRAM

**MENTOR**  
2010-2011

## APPLICATION

Thank you for your interest in the Faculty Mentor Program. Please PRINT legibly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Office Location: \_\_\_\_\_

Office Extension: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Best way for your Protégé to contact you: \_\_\_\_\_

Hobbies or Special Interests: \_\_\_\_\_

How did you hear about FMP?: \_\_\_\_\_

Were you a first generation college student?:  Yes  No  Do Not Know

PLEASE RETURN THIS COMPLETED FORM TO THE FACULTY MENTOR PROGRAM (FMP) OFFICE:

University Student Union Bldg., Room 103,  
Office of Student Leadership & Development  
email: [FMP@csustan.edu](mailto:FMP@csustan.edu)  
ph: (209) 667-3778  
fax: (209) 664-7077