



CALIFORNIA STATE UNIVERSITY, STANISLAUS

FACULTY MENTOR PROGRAM

Mentor Application 2009-2010

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

Name: _____ Date: _____

Address: _____

Local Phone: _____ Cell Phone: _____

Department: _____ Office Location: _____

Office Ext: _____ E-Mail: _____

Best way for your Protégé to contact you? _____

Hobbies or special interests: _____

How did you hear about the Faculty Mentor Program? _____

Please complete and return this form to the Faculty Mentor Program (FMP) Office:

Bizzini Hall 107D
FMP@csustan.edu
Phone: (209) 667-3021
Fax: (209) 667-3881

Office Use Only

Date Rec'd: _____