



CALIFORNIA STATE UNIVERSITY, STANISLAUS

FACULTY MENTOR PROGRAM

Protégé Application 2009-2010

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

Name: _____ Student ID: _____

Local Address: _____ City: _____ State: _____ Zip Code: _____

Local Phone: _____ Cell Phone: _____

Major: _____ E-Mail: _____

Best way for your Mentor to contact you? _____

Hobbies or special interests: _____

Please circle your answer:

First time in the Faculty Mentor Program? YES NO

Gender: Male Female

Ethnicity: African American/Black Asian American/Pacific Islander

Caucasian/White Hispanic Native American Other/Undeclared

How did you hear about FMP? _____

(cont'd to next page)

First-generation college student:

YES

NO

Do Not Know

What is the highest level of education that your parent(s) completed? (Mark only one box per column)

Father
↓

Mother
↓



Did not finish high school



Graduated from high school



Attended college but did not complete degree



Completed an associate's degree (A.A., A.S., etc.)



Completed a bachelor's degree (B.A., B.S., etc.)



Completed a master's degree (M.A., M.S., etc.)



Completed a doctoral degree (Ph.D., J.D., M.D., etc.)



Not sure

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: _____ **Mentor:** _____