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Faculty Mentor Program

Protégé Application Fall 2017

 Thank you for your interest in the Faculty Mentor Program.

Please PRINT legibly.

Name:

Student ID:  Birthday month & day:

Local Address:

City: State: Zip Code:

Cell Phone: E-Mail:

Major:

Best way for your Mentor to contact you?

Hobbies or special interests:

PLEASE CIRCLE YOUR ANSWER:

Size shirt/sweatshirt: Small Med Lg XLg XXLg

First time in the Faculty Mentor Program? YES NO

How did you hear about FMP?

First-generation college student: YES NO Do Not Know

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advertisements, posters and theater slides, as well as for non-university uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

What is the highest level of education that your parent(s) completed? (Check ✓ only one line)

Father: 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

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

**OPTIONAL QUESTIONS:**  (Please circle or state your answer)

Gender: Male Female  Preferred

Ethnicity: Caucasian/White Hispanic Native American

African American/Black Asian American/Pacific Islander

Please complete and return this form to the Faculty Mentor Program (FMP) Office: C-107D, located in Bizzini Hall; Dr. Christy Gonzales;

Phone: (209) 667-3021; FMP\_rec@csustan.edu

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| **Office Use Only****Date Rec’d:** | **Office Use Only****Date Entered:** | **Mentor:** |