

FACULTY MENTOR PROGRAM

# Protégé Application 2018/2019 Please PRINT legibly.

Name: Student ID:

Local Address: City: State**:** Zip Code:

Cell Phone: E-Mail: Birthday month & day:

Major: Hobbies or special interests:

## PLEASE CHECK ONE:

I wish to choose my mentor I want FMP to choose my mentor I want to keep my previous mentor**,**

(name)

Best way for your Faculty Mentor to contact you?

## PLEASE SELECT YOUR ANSWER:

Size shirt/sweatshirt: Small  Med  Lg  XLg  2XLg 3XLg  4XLg First time in the Faculty Mentor Program?  YES  NO

How did you hear about FMP?

First-generation college student:  YES  NO  Do Not Know

**OPTIONAL QUESTIONS:** (please check or state your answer)

Gender: Male Female Preferred:

Ethnicity: Caucasian/White Hispanic Asian American/Pacific Islander African American/Black Native American Other:

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

## Phone: (209) 667-3021

**CONTACT US AND FIND US ON SOCIAL MEDIA!**

: https://csustan.edu/fmp



: @CSUStanislaus-Faculty Mentor Program

: [FMP\_Rec@csustan.edu](mailto:FMP_Rec@csustan.edu)

: @stanstate\_fmp



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

# Thank you for your interest in the Faculty Mentor Program.