

FRESHMEN MENTORING PROGRAM



Basic Information

Name: _____

Major: _____

Graduation Year: _____

Email: _____ Telephone: _____

Class Status: Freshmen Transfer

Program: 4yr/ 1 Co-op 5yr/ 3Co-op

National Member: Yes No

Co-op Cycle: Fall/Winter Spring/Summer

Interested in Other Degrees/Career Interests:

Minor: _____

Bs/Ms: _____

Pre-Med/Pre-Health: _____

Others: _____

Jobs/Co-ops Interested:

- **Co-op**

Company's Name: _____

Position: _____

- **Internship**

Company's Name: _____

Position: _____

- **Are you a STAR Scholar:** Yes No

Project: _____

Department: _____

Position: _____

On-campus/Off-campus: _____

Special Interests and Achievements:

Are you interested in Study Abroad: Yes No

Country/University preference: _____

Year/Term you want to go: _____

Are you interested in Co-op Abroad: Yes No

Country/Company preference: _____

Year/Term you want to go: _____

Are you in Engineering Learning Community (ELC): Yes No

What is your career interest:

What activities were you involve in High School:

Other Interests/Hobbies:
