

FRESHMEN MENTORING PROGRAM



Basic Information

Name: _____

Major: _____

Graduation Year: _____

Email: _____

Telephone: _____

Class Status:

Freshmen

Sophomore

Pre-Junior

Junior

Senior

Program:

4yr/ 1 Co-op

5yr/ 3Co-op

National Member:

Yes

No

Co-op Cycle:

Fall/Winter

Spring/Summer

Other Degrees/Career Interests

Minor: _____

Bs/Ms: _____

Pre-Med/Pre-Health: _____

Others: _____

Jobs and Networks

- **1st Co-op**

Company's Name: _____

Position: _____

- **2nd Co-op**

Company's Name: _____

Position: _____

- **3rd Co-op**

Company's Name: _____

Position: _____

- **Other Research project** (this includes STAR program and summer internship)

Project: _____

Department: _____

Position: _____

On-campus/Off-campus: _____

