

American Indian Program Peer Mentor Program Application



Name: _____ Date: _____

Aggie ID#: _____ **TRIBAL MEMBERSHIP:** _____

NMSU/Local Address: _____

(STREET and/or Dorm & Rm #) (CITY) (STATE) (ZIP)

Permanent/Home Address: _____

(STREET or PO Box) (CITY) (STATE) (ZIP)

Local Phone #: (____) _____ Cell Phone #: (____) _____

Date of Birth ____/____/____ NMSU E-Mail Address: _____

Age: _____ Gender: Male _____ Female _____ T-Shirt Size _____

Emergency Contact Information (Required)

Name: _____ Relationship: _____

Phone Number: (____) _____ Cell Number : (____) _____

ACADEMIC INFORMATION:

Transfer: _____ Freshman: _____

Major: _____ # of Credits this Semester: _____

College of Study: _____

When do you expect to graduate? ____ 4 years or less ____ 5-6 years ____ 7+ years

Turnover and complete the other side.

Briefly describe your expectations for the AIP Peer Mentoring Program:

Describe how you will help meet those expectations:

What experiences have you had with college life:

Please give a brief bio of yourself and what you hope to accomplish here at NMSU:

The information provided is true to the best of my knowledge. By participating in the Peer Mentor Program, I give my permission for the release of information for reporting purposes only.

Signature_____

Date_____

PMP Coordinator_____

Date_____