



American Indian Program Peer Mentor Program Sign-up Sheet



Name: _____ Date: _____

Aggie ID#: _____ **TRIBAL MEMBERSHIP:** _____
(Enrolled tribe first)

NMSU Dorm/Local Address: _____
(STREET and/or Dorm & Rm #) (CITY) (STATE) (ZIP)

Cell Phone #: (____) _____ NMSU E-Mail Address: _____

Age: _____ Gender: _____ 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? ____ 2 years or less ____ 3-4 years ____ 5+ years

Briefly describe what you are looking get out of the AIP Peer Mentoring Program:

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 _____