

STUDENT PARTICIPANT REGISTRATION FOR THE LSER GRADUATE STUDENT MENTOR PROGRAM

Print form and submit completed registration to Trisha Everhart at:
The Pennsylvania State University
133 Willard Building
University Park, PA 16802
Fax: (814)863-3578

GENERAL INFORMATION

DATE: _____

NAME: _____

PREFERRED E-MAIL: _____

PSU ADDRESS: _____

WILL THIS BE YOUR ADDRESS NEXT SEMESTER? _____

HOMETOWN (CITY AND STATE): _____

ABOUT YOU

PENN STATE ACTIVITIES: _____

WORK EXPERIENCE: _____

AFTER GRADUATION, WHAT TYPE OF WORK DO YOU THINK YOU WILL PREFER, (E.G., LARGE CORPORATION, ENTREPRENEURIAL, NON PROFIT, UNION, GOVERNMENT)?

DO YOU HAVE AN INTEREST IN LIVING IN CERTAIN GEOGRAPHIC AREAS? WHERE?

WHAT SKILLS DO YOU ADMIRE IN OTHERS THAT YOU WOULD LIKE TO ACQUIRE OR IMPROVE UPON IN YOURSELF?

WHAT ARE YOU HOPING TO GET OUT OF PARTICIPATING IN THE PROGRAM? _____
