

COASTAL CAROLINA UNIVERSITY

FIRST-YEAR EXPERIENCE

PEER LEADER PROGRAM APPLICATION

Name: _____ Student ID Number: _____

Local Address: _____

Cell/CCU Phone: _____

Email Address: _____ Current Cumulative GPA: _____

Academic standing next fall semester: _____ Sophomore _____ Junior _____ Senior

Academic Major: _____

As a freshman, did you take a first-year seminar/UNIV 110? _____ Yes _____ No

Please list your campus and community involvement activities (including honors, awards, leadership positions, and organizations you are a member of).

Please list below the names of two University references (professors, staff, and/or administrators).

	Name	Position	Campus Telephone	Campus Email
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

All information provided on this application is true and complete to the best of my knowledge. I understand that in connection with the application process First-Year Experience Peer Leader Program at CCU may request information from my references and CCU, including my Judicial Affairs record at CCU. I authorize and consent to this release as it applies to the application process consistent with state and federal laws.

Signature: _____

Date: _____

Please return this application to the First-Year Advising Center, Prince Building 213F.