

COASTAL CAROLINA UNIVERSITY
FIRST-YEAR MENTOR PROGRAM APPLICATION
Application Deadline: March 14th

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 the First-Year Mentor 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 2nd Floor

For official use only
GPA _____
JA Record _____
Inter Date/Time _____