



Office of Multicultural Affairs
West Chester University
West Chester, Pennsylvania 19383

610-436-3273
<http://www.wcupa.edu>
Fax: 610-436-3292

2011-2012 Mentoring Program Enrollment Form

Please Print Legibly

Full Name _____ Gender: Male _____ Female _____

Home Address _____
Street/Road City State Zip

Telephone Number (Cell Phone) _____ (Home Phone) _____

Fall 2010 Housing Status: (Check all that apply) On-Campus Resident ___ Commuter ___ Transfer Student ___

Campus Address (if known) _____

WCU E-mail Address: _____ Intended Major _____

Career Aspirations _____

Please list any special skills, talents, hobbies, and/or interests: _____

Please list any organizations that you wish to learn more information about at WCU: (Ex. Gospel Choir, Asian Student Organization, Black Student Union, Latino American Student Organization, etc.)

Please return your completed application via mail or fax to: **Office of Multicultural Affairs, Attn: Ms. Querida Lugo, West Chester University, 003 Sykes Student Union, West Chester, PA 19383. You may fax your completed application to: (610) 436-3292**

WCU Official Use Only: Date Application Received: _____ Intended Major: _____

___ First Year Student ___ Transfer Student

Assigned Peer Mentor: _____ Assigned Faculty/Staff Mentor: _____