



C A L S T A T E  
**FULLERTON**

**College of Engineering and Computer Science**

*Peer Group Program*  
**Member Application Fall 2007**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Preferred Email: \_\_\_\_\_ Second Email: \_\_\_\_\_  
 Campus Wide Identification (CWID): \_\_\_\_\_  
 Gender: \_\_\_\_\_ Ethnic Background (optional): \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Class Level: \_\_\_\_\_

Educational Goals:  
 \_\_\_\_\_

Career Goals:  
 \_\_\_\_\_

Research Interests:  
 \_\_\_\_\_

Interests/ Hobbies:  
 \_\_\_\_\_

Why do you want to be a Peer Group Member?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In the boxes below, please list the times that you are available in fall 2007. Please list as many time frames as possible for each day. Be sure to include "am" or "pm."

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

I agree that the staff of the ECS Peer Group Program may give the following information to my Peer Group Facilitator so that he/she can contact me:

- Home phone number
- Cell phone number
- Work phone number
- Preferred Email
- Second Email

As a Peer Group Member, I understand that I will be participating in weekly group sessions with other ECS students. I also understand that participation in the Peer Group Program is a one semester commitment. I agree that all of the above information is correct and I authorize release of indicated information to my assigned Peer Group Facilitator only.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to:

Gina Garcia  
Retention Coordinator  
McCarthy Hall 488  
(714)278-2266  
[ginagarcia@fullerton.edu](mailto:ginagarcia@fullerton.edu)

