



## California State University, Sacramento Faculty Student Mentor Program

**Instructions: Please fill out the information requested:**

1. Name:

\_\_\_\_\_

Last

First

MI

ID

2. Local Address:

\_\_\_\_\_

Street

Apt #

City

State

Zip

Permanent:

\_\_\_\_\_

Street

Apt#

City

State

Zip

\_\_\_\_\_

Email Address

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Cell Phone Number

3. Gender:    \_\_\_ F            \_\_\_ M

4. Class Level:   \_\_\_ Freshman   \_\_\_ Sophomore   \_\_\_ Junior   \_\_\_ Senior

5. If you are a transfer student, did you transfer from a \_\_\_ 4-year Institution \_\_\_ Community College?

6. Name of school last attended: \_\_\_\_\_

7. Applying for what semester: \_\_\_\_\_

8. Major: \_\_\_\_\_

9. Ethnic Affiliation – (Enter the proper code for your ethnic group) \_\_\_ (optional)

**1** – American Indian or Alaskan native. Tribal enrollment, affiliation: \_\_\_\_\_

**2** – Black, non-Hispanic, including African American.

**3** – Mexican-American, Mexican, Chicano

**4** – Other Latino, Spanish-origin Hispanic

**A** – Central American

**B** – South American

**Q** – Cuban

**P** – Puerto Rican

**M** – Cambodian

**L** – Laotian

**V** – Vietnamese

**N** – Samoan

**6** – Other Pacific Islander

**7** – White

C – Chinese  
J – Japanese  
K – Korean  
R – Asian Indian

T- Thai  
S – Other Southeast Asian  
G – Guamanian  
H – Hawaiian

F - Filipino  
8 - Other  
9 – No Response  
D – Decline to state

10. Give the highest year in school/college completed by your parents or guardians:

Mother: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+  
Father: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

11. Did you apply and are receiving Financial Aid? \_\_Yes \_\_No

12. Do you feel that you might need assistance in the following areas? Please check.

Study or test taking skills       Scholarships  
 Student support programs       Internships  
 Writing       Major Advising  
 Other \_\_\_\_\_(specify)

13. In the space below, list any question(s) you have for the FSMP.

---

---

\_\_\_\_\_  
Students Signature

\_\_\_\_\_  
Date

**Please return to: Faculty Student Mentor Program , 6000 J Street, Sacramento, CA 95819-6068 or stop by Lassen Hall 2205.**

\*\*\*\*\* Office Only \*\*\*\*\*

Date received\_\_\_\_\_

Mentor\_\_\_\_\_

Referral\_\_\_\_\_