

San Francisco State University Undergraduate Advising Center Peer Counselor Application

Name: _____

Local Address:

Home Phone: _____

Cell Phone: _____

Email: _____

Summer / Permanent Address:

Student ID Number: _____

Are you able to commit 3 hours per week to the Peer Counseling Program?
Yes _____ No _____

What is your major or intended major?

Will you be available to serve as a peer for at least 2 consecutive semesters?
Yes _____ No _____

Please indicate your class standing:

Freshman _____

Sophomore _____

Junior _____

Senior _____

I certify that all statements on this application are true and complete to the best of my knowledge and belief. If selected, I understand that any falsification of this record may be considered cause for termination. Additionally, I understand that I may be subject to dismissal if I fail to meet the minimum G.P.A. requirement and/or am not an enrolled student at the University.

Your signature

Date

Please submit this form along with the essay, resume, and transcript by the application deadline to Kim Altura, Undergraduate Advising Center, San Francisco State University, Old Admin. 212, San Francisco, CA 94132.