

# San Francisco State University Undergraduate Advising Center Peer Counselor Application

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Local Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summer / Permanent Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.**