

**ACADEMIC PEER
ADVISOR APPLICATION
2014-15 Academic Year**



PORTLAND • GORHAM • LEWISTON • ONLINE

APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Major:	Credit Hours Completed:	GPA (as of 12/2013):		

REFERENCES

Please list two professional references.

Full Name		Relationship
Email:		Phone ()
Address		
Full Name		Relationship
Email		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving
Company		Phone ()
Job Title		Supervisor
Responsibilities		
From	To	Reason for Leaving

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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WHY ARE YOU APPLYING TO THE ACADEMIC PEER ADVISING PROGRAM?

WHAT ACTIVITIES HAVE YOU BEEN INVOLVED WITH AT USM and HOW HAVE THEY HELPED IN YOUR SUCCESS AT USM?

WHAT ASSETS WILL YOU BRING TO THE ACADEMIC PEER ADVISING PROGRAM?

PLEASE RETURN APPLICATION TO: KRISTI HERTLEIN
STUDENT SUCCESS CENTER
119 BAILEY HALL – GORHAM CAMPUS
HERTLEIN@USM.MAINE.EDU

APPLICATIONS ARE DUE BY: MARCH 6, 2014

FOR MORE INFORMATION VISIT: <http://www.usm.maine.edu/success/peeradvising>

_____ OFFICE USE _____

DATE APPLICATION RECEIVED: _____ APPLICATION: ___ COMPLETE ___ NOT COMPLETE

VERIFY GPA: _____ CREDIT HOURS: _____ ELIGIBLE FOR INTERVIEW: _____