

Student Advisory Board Application

Please email completed application to lwallace@osugiving.com

		Applican	t Information	
Name				
CWID	_			
Phone Number				
E-Mail Address	;			
Major	Luction Data			
Expected Grad		. h. a.u. iu. Alaa NAaust	i D 2	
How many sem	lesters have you	ubeen in the Ment	oring Program?	
		Ava	ilability	
			,	
dinner, new prot	tégé orientation :	sessions, office ho	ours, marketing an	ard members assist with the mentor d recruitment activities. This includes a to fellow Spears Business Students.
Please provide y commitments be		or the upcoming s	emester by listing	your class schedule and other weekly
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

lease tell us why you are interested in becoming a member of the Mentoring Program Student Advisory Board and the most important thing you learned from your mentor.							