Academic Advising Center
Academic Peer Mentor
Application Packet

To be considered for a position as an Academic Peer Mentor, complete the following items:

☐ Application
☐ Scheduling form
☐ Online reference form, completed by faculty or staff member

Return completed packet to Room 1-123 by 4 pm on Monday, February 27th

Please print legibly in blue or black ink.

St. Cloud Technical and Community College is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. St. Cloud Technical and Community College is a member of the Minnesota State Colleges and Universities system. ADA Accessible Facility • Affirmation Action/Equal Opportunity Educator and Employer.
First Name: _________________________  Last Name: _________________________  Tech ID: __________________

Preferred Name: ________________________________

SCTCC Email Address: ___________________@my.sctcc.edu  Phone Number: ________________________________

Major: ___________________________  Expected Graduation Date: ____________________

Do you meet the following requirements?

I have a cumulative GPA of 2.5 or higher. ☐ Yes ☐ No ☐ Unsure

I have completed at least one semester at SCTCC. ☐ Yes ☐ No ☐ Unsure

Briefly explain why you are interested in becoming a Peer Mentor.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
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Please list previous work, experience, and/or skills and how they would benefit you in the role of Peer Mentor.

__________________________________________________________________________________________________
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Attach additional pages as necessary.
Scheduling Form

First Name: _________________________  Last Name: _________________________  Tech ID: __________________

*List any courses, meetings, work, or other commitments you may have during spring semester AND summer 2017*

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<th>LIST: Course/work/etc.</th>
<th>DAY</th>
<th>TIME: Start-End</th>
<th>BEGIN DATE</th>
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Will you be attending SCTCC in Fall 2017?  ☐ Yes  ☐ No  ☐ Unsure at this time

Please initial:

__________  I certify that the above statements are true to the best of my current knowledge. I will make the Academic Advising Center aware of any additional requests for time off immediately.
Dear ____________________________,

I am writing to ask if you would be able to provide a reference for me. I am applying to be an Academic Peer Mentor with the Academic Advising Center, and would like you to attest to my qualifications.

The Academic Advising Center has asked that references be completed online by filling out the form at this address: http://www.surveymonkey.com/s/AcademicPeerMentorReference. This online reference form needs to be completed by Monday, February 27th.

Please let me know if there is any other information I can provide regarding my experience or qualifications to assist you in giving me this recommendation. If you have any questions about the Academic Peer Mentor position or the online reference form, please feel free to contact Amie Bordwell aboardwell@sctcc.edu or 320.308.5942.

Thank you,