

## Global Education Mentoring Program Application Form (submit completed application to globaleducation@bloomu.edu)

Date:/	-		
Name:			Sex: • Female • Male
First name	Last name		
DOB:/	Year in School:	• SO • JR •SF	₹
MM / DD / YYYY	year	r	
Student ID:		Major (s):	
E-mail:			
Tel:		GPA:	
Housing: • On Campus	• Off Campus		
Address:			
		City/state	Zip code
Are you facing any discip	· · · · · · · · · · · · · · · · · · ·		olain
Languages spoken:			
Semester(s) of Study Abr	oad on BU Approve	d Program and location(s	)
What do you think is the	importance of this pr	rogram?	
In what campus activities	and/or organization	s do you actively particip	ate, if any?
			<u>-</u>

Describe any positions you have volunteered in which yo	ou helped or communicated with people from
diverse cultural backgrounds?	
How many hours per week are you willing to devote to y	our student?
Why are you interested in applying to this program? Wh and successful international student mentor?	at qualities can you contribute to being a helpful
By my signature below, I hereby declare that all the info	ormation I have provided for this application is
Applicant's signature:	Date: