The Office of TRANSFER AND ACADEMIC ARTICULATIONS
CENTRAL CONNECTICUT STATE UNIVERSITY

Please check off/highlight if you are interested in becoming a Mentor or Mentee:

Mentor ☐  Mentee ☐

Name: ________________________________

Student ID#: __________________________

Birthday: _____________________________

CCSU E-mail Address: ____________________

Phone: ________________________________

Major: _________________________________

Home Address/Residence Hall: ________________________________

Preferred Pronouns: He ☐  She ☐  They ☐  Ze ☐  Pronoun Not Listed ☐  No Pronoun Preference ☐

Languages Spoken (Other than English): ________________________________

Hobbies: ________________________________

Tell us about any unique skills/talents you may possess:

________________________________________________________________________________________________________________________________________

Research Interests/Career Interests:

________________________________________________________________________________________________________________________________________

What are your expectations from your participation in this program?

________________________________________________________________________________________________________________________________________

Please Return This Form To:
The Office of Transfer and Academic Articulations
Central Connecticut State University
Willard-DiLoreto, Suite D311
1615 Stanley Street
New Britain, CT 06050
Phone: (860) 832-3349
Fax: (860) 832-2618
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