



OTAA
The Office of
TRANSFER AND ACADEMIC ARTICULATIONS
CENTRAL CONNECTICUT STATE UNIVERSITY

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

Mentor **Mentee**

Name:

Student ID#:

CCSU E-mail:

Other E-mail:

Phone:

Major:

Institution Transferred From:

Current Overall GPA (Mentors Only):

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 Submit This Form To:

The Office of Transfer and Academic Articulations
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