

FOR OFFICE USE ONLY

Orientation Date ___/___/___

Matched ___/___/___

With: _____

**Odyssey Peer Mentoring Registration Form
Student Development Center
Carmichael Student Center, Suite 267**

PLEASE PRINT BOTH SIDES CLEARLY

Date: ___/___/___

Name: _____ Student ID# _____

Address _____ Apt. # _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

E-mail Address _____ I am applying to be a: _____ Mentor
_____ Mentee

*Mentors must have completed 2 semesters at KSU or have completed 1 semester and previously participated as a mentee

Have you participated in Odyssey Before? _____ YES (If yes, when? _____)
_____ NO

Current classification as a student:

- High School Senior Freshman Sophomore Junior
- Senior Graduate Student

Statistical Data:

Birth date: ___/___/___ Gender: ___ Male ___ Female

Ethnic Origin: ___ White ___ Black ___ Hispanic ___ Asian
___ American Indian ___ Multi-Racial ___ Other

Degree: Major/Minor _____

How did you learn about Odyssey? _____

What is your primary motivation for joining the Odyssey Peer Mentor Program?
___ social ___ academic ___ acclimate to KSU ___ major (same)

Do you speak any foreign languages? If yes, please specify _____

Please tell us about your talents or hobbies.

Peer Mentoring Areas I am most interested in: Please indicate 1st, 2nd, and 3rd choice as 1, 2 and 3 (see below):

- Adult Learner Program (students 25 & over)
- disAbled Student Services
- International Student Retention Services
- Minority Student Retention Services
- Traditional (students under 25)

Please check **all** of the following items that best describe you and that you are comfortable answering. This information will be used for purposes of matching you with an individual in the peer mentor/mentee relationship. (This information will be utilized only by the advisor of the peer mentor/mentee population you have chosen and will not become public.)

Married Single Divorced Widowed

Children : Ages/Gender _____

Country of Origin (other than USA): _____

New freshman Second semester freshman

Transfer student (Where? _____)

Traditional aged student (under 25) Non-traditional aged student (25+)

Interests:

- | | |
|---|--|
| <input type="checkbox"/> Music (Types _____) | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Movies/Films | <input type="checkbox"/> Food/Cooking (Types _____) |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Sports (Types _____) |
| <input type="checkbox"/> Reading (Types _____) | <input type="checkbox"/> Arts & Crafts (Types _____) |
| <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Religious Activities |
| <input type="checkbox"/> Dancing (Types _____) | <input type="checkbox"/> Writing (Types _____) |
| <input type="checkbox"/> Outdoor Activities (Types _____) | <input type="checkbox"/> Cultural Activities (Types _____) |

When will you be available to meet with your mentor/mentee? (Be as specific as possible including day of the week, times and indicate when you will be on campus with your classes.)

**PLEASE RETURN TO THE STUDENT DEVELOPMENT CENTER
ROOM 267, CARMICHAEL STUDENT CENTER**

Or email to cpope@kennesaw.edu

Or complete and submit online at http://www.kennesaw.edu/stu_dev/opm/odyssey.html