



ORIENTATION TEAM APPLICATION

PLEASE PRINT

NAME: _____ SOCIAL SECURITY #: _____

MAILING ADDRESS: _____

LOCAL TELEPHONE #: _____ EMAIL ADDRESS: _____

PROGRAM: _____ ADVISOR: _____

ARE YOU A DORM STUDENT? YES OR NO

PLEASE LIST ANY CLUBS, ORGANIZATIONS OR STUDENT ACTIVITIES IN WHICH YOU ARE A MEMBER OR HAVE PARTICIPATED:

CLUB/ORGANIZATION	DATES OF PARTICIPATION	OFFICE HELD

EXPECTED DATE OF GRADUATION: _____

STUDENT SIGNATURE: _____ DATE: _____

OFFICIAL OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____

DATE OF INTERVIEW: _____ SELECTED: YES OR NO

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