

School of Professional and Continuing Studies SGA Peer Program

Student Information

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Phone: Home _____ Work _____ Cell _____

SPCS Degree Program _____

I prefer my peer mentor to contact me initially by: Phone Email Phone and/or Email

Educational Information

College Experience: First-time college student

Returning to college after _____ year(s) break

Transferring credit from: _____

Previous degree(s), if any _____

Anticipated graduation date (mm/yyyy) _____

Attending SPCS: Full time Part time

Personal Information (Optional)

Please provide any additional information or comments below that you would like to share (such as marital status; ages of children (if any); current employment; length of commute to university; or any special needs or concerns).



Please complete and save form as a PDF document. Send as an email attachment to Lisa Cheney, SPCS SGA President, at lisa.cheney@richmond.edu

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