

Application

Date:

Name:

Phone:	MavMail add	iress	
Major		Minor	
Expected Credit Load: Fall	Spring	Expected Graduation Date	
Star ID:			
List all training/experience that n	nay be relevant to p	peer education (classes, workshops):	
We require a minimum commitm and willing to commit to this prog		eek to be a Health PRO. How many hours each week are you	ı able
What do you expect to gain from	your Health PROs e	experience	
What interests you most about be	eing a Health PRO?		
What do you consider to be your	strengths?		
What skills would you like to gain	/improve?		
Signature:		Date:	