



PEER ADVISING LEADERSHIP APPLICATION (PALs)

STUDENT NAME _____	ID NUMBER _____
ADDRESS _____	NATIONALITY _____
MOBILE (____) _____	E-MAIL ADDRESS _____
SCHOOL YEAR <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR	
CUMULATIVE GPA _____	TERMS ENROLLED AT AUD _____
MAJOR _____	CONCENTRATION _____

I verify that the information contained in this application is truthful and an accurate assessment of my abilities. I understand that being an AUD Peer Advisor carries with it responsibilities, obligations, and commitment. I comprehend that any false information in this application would be just cause to remove my name from the PALs Program. I also understand that if I must maintain a 2.7 GPA in order to remain a Peer Advisor

STUDENT SIGNATURE _____	DATE _____
-------------------------	------------

Complete the following as completely and accurately as possible.

- Please list your extracurricular activities at AUD.

- What are the academic and personal difficulties you could assist students with?

- Why do you want to be a Peer Advisor?

- Why do you feel that you would be a good PAL?

PEER ADVISING LEADER – Ct-d

References – List 2 instructors from AUD who have known you for more than one year who are qualified to comment on your ability and motivation to be an AUD Peer Advisor.

1.NAME	EMAIL	PHONE
2.NAME	EMAIL	PHONE
3.NAME	EMAIL	PHONE

Please attach the following to this application

- 1. Current Photo**
- 2. AUD Transcript**
- 3. CV**