

PEER ADVISOR APPLICATION
SYRACUSE UNIVERSITY
SCHOOL OF INFORMATION STUDIES

Name: _____

Permanent Home Address: _____

Current Campus Address: _____

Campus Phone: _____ **E-Mail:** _____

Fall 2009 Address (if known): _____

Class Standing in Fall 2009: Sophomore___ Junior___ Senior___

Transfer Student? Yes___ No___
If yes: From outside SU?___ **Inside SU?**___

Please describe your reasons for wanting to be a peer advisor
