

Peer Network Request Form

PLEASE PRINT

Name: _____ M _____ F _____

Address: _____

City: _____ State: _____ Zip: _____

Citizen of: _____

Status:

Freshman/Sophomore Junior/Senior Graduate

Semester you plan to enter:

Fall Spring Summer

Circle times you expect to be on campus:

| Mon | Tues | Wed | Thurs | Fri | Sat |
|-------|-------|-------|-------|-------|-------|
| day | day | day | day | day | day |
| night | night | night | night | night | night |

UB ID#: _____

Phone (day): _____

Phone (eve): _____

Best time to call: _____

email: _____

Major/Concentration: _____

Last school attended: _____

Last semester enrolled: _____

Check if UB is your first experience with:

an urban campus Baltimore
 a university the United States
(vs. community college)

How would you like your adviser to contact you? Number in order of preference.*

___ Phone ___ In-person ___ E-mail ___ Other: _____

**Your adviser will try to accommodate your preference.*

Information about yourself which you feel would help in matching you with an adviser:

Describe your ideal Peer Adviser (major, family/work status, gender, etc. We'll try to match you with your ideal*):

Please check any of the following that your Peer Network Adviser can help you with:

- Navigating around campus/important logistics
- Coping with stress/troubleshooting
- Meeting other students
- Meeting professors in my major
- Getting the most out of my classes
- Balancing school/work/family

Information About:

- Health care and insurance
- Professors' expectations/course workloads
- The Baltimore area
- Career exploration/activities
- Other extracurricular activities
- Important academic and financial aid deadlines/dates

- Off-campus housing
- Honors program
- Honor societies
- American customs/services for International students
- Other (please specify)

Special questions/concerns: _____

I understand that the University may provide my peer adviser with updated contact and schedule information helpful in facilitating my transition to UB.

Please sign your name: _____ Date: _____

*To help us make the best match, submit your request as soon as possible.