

Registration Form (Semester 2)

Student Mentor Program

Family name _____ First name _____ Student number _____

Gender Female Male

Age <20 21-30 31-40 41-50 51+ years

Semester contact details (while attending USC)

Address _____ Postcode _____

Tel (Home) _____ Tel (Work) _____ Mobile _____

Student email address _____

Other email address _____

Program details

- Arts and Social Sciences Business Science, Health and Education Tertiary Preparation Pathway
- Combined Arts and Social Sciences/Business
 Arts and Social Sciences/Science, Health and Education
 Business/Science, Health and Education

Name of degree program (eg Bachelor of Social Science, Bachelor of Nursing Science, Bachelor of Education/Bachelor of Arts)

Are you an International or Study Abroad student? Yes No If yes, country of origin _____

Is English your first language? Yes No

Are you a Headstart (high school) student? Yes No

Do you attend lectures and tutorials at the Noosa Centre? Yes No

Are you relocating to the Sunshine Coast from a remote or regional area? Yes No

Any other comments that you think will be useful in matching you with a mentor?

Signature _____ Date _____

The Planning Officer may use information provided on this form for statistical purposes.

Please return completed form to Student Services:

Ground Floor, Building C
University of the Sunshine Coast
90 Sippy Downs Drive
SIPPY DOWNS

Postal address:
Student Services
University of the Sunshine Coast
MAROOCHYDORE DC QLD 4558

Fax: +61 7 5430 2882 | Tel: +61 7 5430 12266