



SUNY ULSTER MENTOR SUCCESS

Alumni/Student Mentor Program



Alumni Information Form

Please complete the following information:

1. Full Name: _____
2. Title: _____
3. Organization: _____
4. Career Field Specialization: _____
5. Years of Experience: _____
6. Senior College: _____
7. Senior College Major: _____
8. Mailing Address: _____
9. Email Address: _____
10. Phone Number: _____
11. List Social Media You Use: _____

Signature

Date

Completed applications may be mailed to Ulster Community College Foundation, PO Box 557, Stone Ridge, NY 12484, faxed to (845) 687-5275, or emailed to roserb@sunyulster.edu. If you have any questions about the program, please contact Burnelle Roser, Assistant Director of the Ulster Community College Foundation, by phone at (845) 687-5293.

Thank you for your interest in the SUNY Ulster Alumni/Student Mentor Program.





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Student Information Form

Please complete the following information:

1. Full name: _____
2. Major: _____
3. Expected Graduation Date: _____
4. Expected Senior College: _____
5. Career Goal: _____
6. Work Experience: _____
7. Mailing Address: _____
8. Email Address: _____
9. Phone Number: _____
10. List Social Media You Use: _____

Signature

Date

Please return this application to Mindy Kole. If you have any questions about the program, please contact Mindy Kole by phone at (845) 688-6041 or via email at kolem@sunyulster.edu.

Thank you for your interest in the SUNY Ulster Alumni/Student Mentor Program.

