



Date Received: _____ by: _____

STARTING POINT MENTORSHIP PROGRAM (SPMP) MENTEE Application

The goal of this program is to offer California Community College students an opportunity to connect with UC Berkeley student mentors who can provide appropriate information, access to resources, and share their campus experience. Please complete the following information thoroughly and clearly. **Signing this document also grants your mentor permission to review the following pages.**

The Transfer, Re-entry and Student Parent Center (TRSP) serves a diverse population of students. While primarily a academic support unit on the Berkeley campus, TRSP is also committed to providing access and information to those interested in exploring the possibility of studies at Cal. For more information visit TRSP at:

100 César E. Chávez Student Center and/or <http://trsp.berkeley.edu/prospective.htm>

Last Name:	First:	Middle:
Address:	City:	Zip:
Telephone: () -	Email:	
Social Security Number <u>Last 4 digits only</u>		
This information is only used to verify that students have participated in Starting Point (SPMP) when applying to UC Berkeley , it will be not used for any other purpose. SPMP is one criterion used when considering applicants for UC Berkeley admission.		
Community College:	Intended Major:	Please indicate Your Expected Transfer Year: Fall 2010 <input type="checkbox"/> Fall 2011 <input type="checkbox"/> Fall 2012 <input type="checkbox"/> Fall 2013 <input type="checkbox"/>
Employed? Yes <input type="checkbox"/> No <input type="checkbox"/> (In addition to academic course load) Hrs per week:		

For statistical purposes only:		4) Ethnicity:
1) Date of Birth: MM / DD / YYYY / /		African-American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Asian-American <input type="checkbox"/> Hispanic/Chicano/Latino <input type="checkbox"/> Other <input type="checkbox"/>
2) Age:	3) Gender: M <input type="checkbox"/> F <input type="checkbox"/>	5) Have your parents received a Bachelors of Arts/Science Degree from a four-year institution in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate with a check mark all that apply:

Transitioning (18-24 yrs.) Re-entry (25 yrs. and above) Veteran Foster / Independent Care

FOR STUDENT PARENTS ONLY:
Married Student Parent Single Student Parent Children's ages:

Please indicate with a check mark if you are or have been a part of any of the following programs:

UCB's Transfer Alliance Project (TAP) PUENTE MESA Other

Would this be your first time participating in the Starting Point Mentorship Program? Yes No

Preferred method of contact with UC Berkeley mentor [choose two (2)]:
No Preference Telephone Email Online Chat At UC Berkeley Campus At Your Community College

For office use only:

Semester: Fall _____ Spring _____ Mentor: _____

1 st attempt: / /	2 nd attempt: / /	3 rd attempt: / /	Circle one: Active / Inactive
Telephone <input type="checkbox"/> Email <input type="checkbox"/>	Telephone <input type="checkbox"/> Email <input type="checkbox"/>	Telephone <input type="checkbox"/> Email <input type="checkbox"/>	



Mentee Agreement

Both parties (mentee and mentor) are required to follow the program guidelines to ensure the integrity and success of the Starting Point Mentorship Program.

- 1. I agree to inform my mentor and provide him/her with a way to contact me.
2. I agree that any information shared by the mentor is considered confidential unless stated otherwise.
3. I agree not to share the mentor's private contact information without permission.
4. I agree not to enter into a romantic relationship with the mentor while participating in the Starting Point Mentorship Program.
5. I agree that my information may be shared with representatives at TRSP.
6. I agree that the mentor, TRSP staff or I may terminate the mentee/mentor relationship at any time.
7. I understand that at any time during my participation in the program I can contact Marcia Cantillana by e-mail at marciacantillana@berkeley.edu or by phone at (510) 643-9896 with any concerns or issues.
8. I understand that in order to participate in Starting Point I am expected to:
- Remain engaged and connected throughout the program with my mentor: in person, via telephone, and/or via e-mail
- Respond to my mentor's e-mails or phone message
- Notify my mentor in advance if I am unable to attend a pre-arrange meeting
9. I understand the I can expect the following from my mentor:
- Advice on study strategies such as time management, setting realistic goals, utilizing resources and services, and taking advantage of enrichment opportunities
- Information on mentor's academic and social experiences at UC Berkeley
- Discussions on the differences between community college and Cal
- Encouragement to explore academic potential and achieve goals
- Support and motivation to continue in higher education
- Perspective of the academic rigors at UC Berkeley
10. I understand that SPMP mentors ARE NOT academic advisors and as such will not advise me on course requirements or my personal statement. I will seek academic advise from a community college counselor, UCB's Office of Undergraduate Admissions or UCB's Community College Transfer Center.
11. I understand that all mentors participating in the Stating Point Mentorship Program will be required to sign a similar agreement.
12. I agree that at any time I need to remove myself from the program, I will inform my mentor and/or TRSP representatives as soon as possible.

Name: _____

Today's Date: ____/____/____

Signature: _____
If submitting application electronically, please check box. []

PLEASE KEEP A PHOTOCOPY FOR YOUR RECORDS!

Please complete forms and email or send to:

Marcia Cantillana (marciacantillana@berkeley.edu)
Program Coordinator, 510-643-9896
Transfer Re-entry & Student Parent Center (TRSP)
104 César Chávez Student Center
University of California, Berkeley
Berkeley, CA 94720-4260
http://trsp.berkeley.edu