

Office of Academic Advising & Learning Development
Undergraduate Peer Advising Program
2011- 12 Peer Advisor Application

Name (first last): _____ N# _____

NYU Email _____ Phone # _____

Please list any relevant activities (e.g. participation in NYU or community organizations, volunteer or work experiences) that you have been involved in within the last year:

1. _____
2. _____
3. _____
4. _____

Please list your top three strengths:

1. _____
2. _____
3. _____

What area(s) of Nursing interests you the most? _____

Brief Reflection

On a separate sheet (maximum 1 page), please describe why you are interested in becoming a Peer Advisor. Based on your experience and observations as a NYUCN student, what is one challenge that students face in the College of Nursing? In your role as a Peer Advisor, what is one piece of advice that you would share with a newer student?

Please attach a copy of your unofficial transcript with this application. Completed applications should be submitted to the Office of Academic Advising & Learning Development via email at nursingadvising@nyu.edu or in-person at 726 Broadway, Room 1015A or Room 1015C.

My signature below certifies that I have read the Program Overview:

Signature: _____ Date: _____

NYUCN USE ONLY	Technical Standards:
Sequence in Fall 2011:	Peer Advisee:
GPA:	Accelerated or Traditional: Initials: