ALFRED UNIVERSITY

LEADERSHIP CERTIFICATE PROGRAM

REGISTRATION

NAME: ___________________________     DATE: ________________________

PCC: ___________________________     CELL PHONE: ________________________

EMAIL ADDRESS: ___________________________

COLLEGE: ___________________________

ACADEMIC MAJOR/MINOR: ___________________________

Class Year: ___________________________

______________________________

TELL US A LITTLE BIT ABOUT YOURSELF SO WE CAN MATCH YOU WITH A MENTOR.

1. Why you are interested in being a part of the leadership certificate program?

2. What are you hoping to gain out of being a part of the leadership certificate program?
3. What leadership experiences have you had on campus, in high school or in the community?

4. Do you consider yourself a leader yet at Alfred University? Why or Why not?

5. How did you hear about this program?

PLEASE RETURN THIS REGISTRATION FORM TO:

LAURA FINDLAY
CENTER FOR STUDENT INVOLVEMENT
POWELL CAMPUS CENTER