



# CALIFORNIA COUSINS

*An International Student Mentor Program*

**Spring 2018**

\_\_\_\_\_ / \_\_\_\_\_  
Family Name

First Name

Would you prefer your Cousin to be about your same age?

Yes       No       No preference

If possible, would you like your Cousin to be from the same country?

Yes       No

Do you prefer that your Cousin to be:     Male     Female     No preference

What language(s) do you speak? \_\_\_\_\_

What activities do you like to do for fun? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*By signing below, the ISC has my permission to give a copy of this application to my future CA Cousin mentor. I also understand that participation in the program is a voluntary and independent relationship. I will inform my CA Cousin mentor when I no longer wish to participate.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*ISC Use Only: Assigned CA Cousin*  
\_\_\_\_\_



**FULLERTON**  
C O L L E G E

**International Student Center**  
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