



CALIFORNIA COUSINS

An International Student Mentor Program

_____ / _____
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 (**by hand with pen or using the paid Adobe version that includes a timestamp**), the ISC has my permission to give a copy of this application to my future CA Cousin mentor and I authorize the International Student Center to give my CA Cousin Mentor my email address. I also understand that I may 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

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