



Please Attach Your Photo here

Peer Assistance Leader Application Form

Deadline: Application must be completed by 7 October 2010

Applications can be sent by email to pals@zu.ac.ae or can be dropped in the 'DROP BOX' at the Office of Enrollment Management.

Circle one: DXB / AUH

MALE / FEMALE

FULL name:

Student ID:

Contact Number (Mobile):

Email:

College & Major Enrolled in:

Current GPA:

Interests & Hobbies:

- 1.
2.
3.

Activities (clubs) involved at ZU, indicate time spent:

- 1.
2.
3.

Any examples of situations of work in which you have assisted other students:

Briefly write why you think you would be an ideal candidate for being a Peer Assistance Leader:

Please give 1 reference. It should be a ZU faculty or staff. This reference might be contacted at any time to discuss your character, capabilities and potential.

Name: _____

Position in ZU: _____

Contact: email: _____

Phone: _____

How do you know this referee? _____

I confirm that the information on this application is complete and true to the best of my knowledge. I have also understood my role as a PAL and agree to commit myself fully to the role if selected.

Applicant's signature _____

Date: _____

Office use only:

Date of interview:

Successful: YES / NO