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Term
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Site
University of Michigan
Ann Arbor

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Peer Facilitated Study Group Project (PFSG)

Second Career Participant Registration Form

Participation in Study Groups is Open to All Nursing Students

Please fill out the following information completely. All information is required.

I. DEMOGRAPHIC INFORMATION

E-mail Address		Date
Last Name		First Name
Local Address		
City, State		Zip Code
Local Phone Number		
Permanent Home Address		
City, State		Zip Code
Permanent Home Telephone Number		
High School Attended, location (<i>city, state</i>)		
Primary Language Spoken		Secondary Language Spoken

Please Check the Correct Response

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
U.S. Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Immigrant to the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Country of Origin

Racial/Ethnic Origin

<input type="checkbox"/> Native American/ Alaskan Native	Asian American: (<i>Please circle one</i>) <input type="checkbox"/> Chinese American <input type="checkbox"/> Filipino/a American <input type="checkbox"/> Japanese American <input type="checkbox"/> Korean American <input type="checkbox"/> East Indian <input type="checkbox"/> Thai American <input type="checkbox"/> Asian Indian –American <input type="checkbox"/> Asian, not listed (please specify)
<input type="checkbox"/> Caucasian/White	
<input type="checkbox"/> African American/ Black	
<input type="checkbox"/> Latino/a or Hispanic	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> International Student (<i>please specify</i>)	<input type="checkbox"/> Biracial/Multiracial/other not listed (<i>please specify</i>)

Over Please

II. COURSE INTEREST – Please place a check (√) next to the name of the course(s) study group you are interested in participating.

N 217 Assessment of Health and Illness Throughout the Lifespan	
N 221 Maintaining and Restoring Health	
N 313 Maternity and Reproductive Health	

III. ACADEMIC INFORMATION

Please fill out the following information completely.

What is your current level in the program? _____

Have you earned a degree in another field? Yes No _____

If yes, in what field? _____

Have you previously participated in FSG? Yes No _____

If yes, indicate where and if you were a participant/facilitator/both. _____

Have you completed a FAFSA¹ form for the 2002-2003 School Year?² Yes No _____

¹FAFSA is the Free Application for Federal Student Aid.

² If you have not completed a FAFSA form, you can obtain one from the Office of Student Affairs.

V. AVAILABILITY FOR ONLINE CHAT SESSIONS

*Please indicate below each day of the week you are available for study group sessions and enrichment sessions. **TIME BLOCKS OF AT LEAST TWO HOURS ARE REQUIRED. PLEASE FILL IN WITH ACTUAL NUMBERS, NOT X's OR CHECKS. (FOR EXAMPLE 2-9PM)***

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday