

DSC Student Advisory Council Application

Contact Information

Name	
RAM Number	
Cell Phone	
E-Mail Address	

Program of Study

Number of Total Credits Completed:_____ Current Grade Point Average (GPA):_____

Major:_____

Minor (If Applicable):_____

Special Skills, Qualifications, or Experience

Summarize special skills, qualifications, or previous mentoring experience you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. (Please attach additional page if needed)

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Council Member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in becoming a DSC Student Advisory Council member.