

Committee Appointment Application

STUDENT'S NAME _____ STUDENT ID# _____

PERMANENT ADDRESS _____

(CITY/STATE/ZIP) _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

WILL YOU BE LIVING IN THE DORMS FOR THE _____ TERM? YES NO

ACADEMIC YEAR ADDRESS _____

(CITY/STATE/ZIP) _____

PHONE _____

COMMITTEES INTERESTED IN SERVING ON IN ORDER OF PREFERENCE:

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

HOW MANY COMMITTEES WOULD YOU LIKE TO SERVE ON AT THE SAME TIME? (CIRCLE ONE)

1 2 3 4 5 6

NOTE: THIS IS NOT CONFIRMATION OF APPOINTMENT, BUT A WAY OF COMMUNICATION FOR CONSIDERATION FOR APPOINTMENT.

PLEASE BRING THIS APPLICATION TO THE STUDENT COMMUNITY GOVERNMENT, INC. OFFICE IN THE STUDENT UNION, ROOM 401.

OFFICE USE ONLY

APPOINTED TO THE FOLLOWING COMMITTEE(S):

BY: _____

DATE: _____