

STUDENT HEALTH ADVISORY BOARD APPLICATION

Academic Year 2009-2010

What is the Student Health Advisory Board?

The Student Health Advisory Board is an advisory body to Student Health Service (SHS). Since SHS is funded by student fees, the Student Health Advisory Board works to ensure the satisfaction and quality of health care at Marquette University. The primary initiatives of the Board are to:

1. Provide a student voice in Student Health Service's operations;
2. Promote a positive and open channel of communication between the Student Health Service staff and the student body;
3. Contribute additional awareness of student issues to the administration of Student Health Service;
4. Promote awareness of services available through Student Health Service that ensure personal and academic success.

Student Health Advisory Board responsibilities:

- Represent the needs, opinions, and ideas of particular groups within the University.
- Evaluate proposed budgets of Student Health Service and recommend an annual budget to the Director of Student Health Service.
- Recommend changes in services offered by Student Health Service, based on the best interest of the student body.
- Serve as liaison between the student body and Student Health Service.
- Actively participate in the publicity and marketing of Student Health Service.
- Assist in survey research of Student Health Service.

Student Health Advisory Board members must:

- Be a current Marquette student, in good academic standing
- Be able to serve as a member for one full academic year
- Be able to attend and participate in Board meetings and activities:
 - Regular Board meetings will occur on the first and third Tuesday of the month from 5:00pm – 6:00pm
 - Meeting schedule:

Fall Semester	Spring Semester
September 29	February 2
October 6	February 16
October 20	March 2
November 3	March 23
November 17	April 6
December 4	April 20
	April 27

Please return your completed application to the Center for Health Education & Promotion by 4:30pm on Friday, February 12, 2010.



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NAME: _____

CAMPUS ADDRESS: _____

PHONE: _____ **EMAIL:** _____

ARE YOU REPRESENTING A STUDENT ORGANIZATION? YES NO

IF YES, WHAT STUDENT ORGANIZATION? _____

YEAR IN SCHOOL (2009 – 2010 academic year):

FRESHMAN SOPHMORE JUNIOR SENIOR GRADUATE

MAJOR/MINOR(S): _____

CUMULATIVE GPA: _____ **ANTICIPATED GRAD. DATE:** _____

Please respond to the following questions on a separate sheet and attach to the application.

1. Why do you want to be a member of the Student Health Advisory Board?
2. What qualities would you bring that would benefit the Board?
3. What do you hope to gain from your experience as a Board member?
4. As a Board member, what issues concerning Student Health Service do you think should be worked on for 2009-2010 school year?
5. Please list your other time commitments (i.e.: organizational involvement, committee work, part-time jobs, internships) for the spring of 2010.

I, _____, understand what is expected of me as a Student Health Advisory Board member. I attest that all of the information in this application is accurate and true.

Signature of Applicant: _____ Date: _____



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