STUDENT HEALTH ADVISORY BOARD APPLICATION
Academic Year 2013-2014

NAME __________________________________________

CAMPUS ADDRESS __________________________________

PHONE ___________________________ EMAIL ___________________________@________

POSITION APPLYING FOR:
☑ at large ☐ Student Org. Rep-- Which student org? ___________________________

YEAR IN SCHOOL ☐ freshman ☐ sophomore ☐ junior ☐ senior ☐ graduate

MAJOR/MINOR(S): __________________________________________

CUMULATIVE GPA ___________ ANTICIPATED GRADUATION DATE _______________________

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

• Why do you want to be a member of the Student Health Advisory Board (SHAB)?
• What qualities would you bring that would benefit SHAB?
• What do you hope to gain from your experience as a member of SHAB?
• As a SHAB member, what issues concerning Marquette University Medical Clinic do you think should be worked on for the upcoming year?
• Please list your other time commitments (i.e. organizational involvement, committee work, part time jobs, internships, club/varisty sports) for fall and spring.

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: ______________

Please return your completed application to Marquette University Medical Clinic,
Lower Level Schroeder Complex, attention Dr.Lancaster or via email to shanyn.lancaster@mu.edu