

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/varsity 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**