



# STUDENT HEALTH SERVICES STUDENT ADVISORY COMMITTEE MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Age \_\_\_\_\_

Local Address \_\_\_\_\_

Phone \_\_\_\_\_ UNCG email \_\_\_\_\_ College/Major \_\_\_\_\_

Student ID# \_\_\_\_\_ Academic Standing: FR SO JR SR GR

Please list any extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Student Health Services- Student Advisory Committee? \_\_\_\_\_

\_\_\_\_\_

Why are you interested to be on this committee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you think you can contribute to this committee? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest in the Student Health Services-Student Advisory Committee

Please return to Kathy Baber, Interim Director, at [kababer@uncg.edu](mailto:kababer@uncg.edu)  
or drop off at Student Health Services.