UNIVERSITY OF ALBERTA ALUMNI STUDENT COUNCIL

2016-2017 NEW MEMBER APPLICATION FORM

NAME: _____

STUDENT ID NUMBER: _____

MAILING ADDRESS: _____

PHONE: _____

UALBERTA EMAIL: _____

FACULTY/PROGRAM: _____

YEAR OF STUDY IN 2016-17 AND ANTICIPATED YEAR OF GRADUATION: _____

PLEASE LIST ANY STUDY ABROAD, CO-OP, WORK TERM OR PRACTICUM PLACEMENTS YOU WILL BE PARTICIPATING IN DURING THE 2016-17 ACADEMIC YEAR:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Why do you want to be part of the U of A Alumni Student Council? How do you hope to benefit from the experience and how do you feel you can contribute?

What other organizations are you (or have you been) involved in? Please include positions held and accomplishments that you helped the organization to achieve.

Please describe a defining experience you've had at the U of A.

Please give an example of how a leadership experience has inspired you.

Which leadership/organizational values are important to you?

Are you in good academic standing, and do you authorize the Office of Alumni Relations staff to verify this standing with the Registrar's Office while you are an Alumni Student Council member?

Have you attended any U of A Alumni events or programs (either organized or sponsored by) in the past?

Is there anything else you'd like us to know about you?

I understand that the Alumni Association may request further information regarding the application and delays in providing this information may prolong the application process.

Please note: Applications are reviewed in March for membership commencing the following September. We thank all applicants for their interest; however, only those selected for an interview will be contacted.

DATE SIGNED: _____

PLEASE RETURN YOUR COMPLETED APPLICATION TO:
An electronic copy is preferred

University of Alberta Alumni Association
Attn: Chloe Chalmers
1-050 Enterprise Square, 10230 Jasper Avenue, Edmonton, AB, T5J 4P6
P: 780-492-7226 | E: chloe.chalmers@ualberta.ca

FOR COMMITTEE USE ONLY (DO NOT WRITE IN THIS SPACE)

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