



Student Academic Advisory Board (SAAB)
Membership Application

Name: _____ Student ID: _____

Primary Phone: _____ Email: _____

Major: _____ G.P.A.: _____ Class Standing: Fr So Jr. Sr.

Personal Statement

Please indicate why you are interested in this organization and what contributions you could make to the SAAB.

Summarize your campus and/or community service involvement.

Personal Reference

Name:

Contact number:

Relationship:

Selection process

All applicants will be reviewed, and those possessing membership requirements and essential characteristics to assume a position on the Student Academic Advisory Board will be contacted.

Please sign below if you understand the mission, roles, and responsibilities of the Student Academic Advisory Board (SAAB). Your signature also gives the RVC permission to confirm your academic eligibility to be on the Student Academic Advisory Board.

Signature _____

Date _____

Please submit completed application to Valarie Morgan in GUA 1302 Or email to: rebelvoice@unlv.edu by September 9, 2013