UT Counseling and Mental Health Center Student Advisory Committee Application

Name:		Date:
Grade Classification:		
Major/Department:	_	
Phone:	Email:	
Local Address:		
1. Please describe your intere	st in being a member of th	is committee.
2. What role do you think tha	t a campus counseling cen	ater should have in student life?
	ns regarding trends on can the mental health and wel	npus, prevention and education liness needs of students. Describe
4. Please briefly share any ide more students and have a larg	•	e counseling center could reach -being.

5. Have you been subject to any UT disciplinary actions? If so, please explain:
6. Participation in the CMHC Student Advisory Committee requires monthly 1.5 hour meetings on the first Tuesday of each month from 3:30 – 5:00pm. Are you able to commit to attending at these dates and times?
7. How did you find out about this committee?
8. Please supply at least 1 UT-affiliated and 1 additional reference, including contact information.
1) UT Faculty or Staff Recommendation
Name:
Title:
Phone:
Email:
2) Additional Recommendation (may also be a UT faculty or staff member)
Name:
Title:
Phone:
Email:

Please attach your current resume and return this application to Dr. Jane Bost, jbost@austin.utexas.edu by April 30, 2014.