

STUDENT FEE ADVISORY COMMITTEE (SFAC)
2018-2019
STUDENT APPLICATION

Name: _____ Today's Date: ___/___/___
E-mail Address: _____
Current Address: _____
City, State, Zip: _____
Contact Phone Number: _____
Winter Qtr GPA: _____ Cumulative GPA: _____
Major: _____ Perm #: _____

Please include a response to the following:

1) How did you find out about the Student Fee Advisory Committee?

2) Why do you want to get involved with the Student Fee Advisory Committee?

3) What Campus issues are you most passionate about?

4) What student services have you had experience with? Choose one experience to briefly describe.
Do you see any need for improvement here at UCSB, if so how?

5) What makes you qualified to be a sophomore representative on this committee?
