

STUDENT FEE ADVISORY COMMITTEE (SFAC)
2017-2018
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?

6) What are your strengths and weaknesses (time management, leadership, conflict-resolution, organizational skills)? Please choose 2 to briefly discuss.

7) SFAC is a 3 year commitment that meets weekly. Do you foresee any circumstance that would prevent you from serving the full 3 year term commitment?

Comments:

Return completed applications by April 28, 2017 to:

Jayne Patterson
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Staff Support to the Student Fee Advisory Committee