

# UNIVERSITY OF HARTFORD

## DEPARTMENT OF PUBLIC SAFETY

### Student Advisory Committee Application

#### Applicant Information

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Gender (optional), Female/Male/Non-Binary: \_\_\_\_\_

Ethnic/Racial Group (optional): \_\_\_\_\_

Are you an undergraduate or graduate student? \_\_\_\_\_

Are you a resident or commuter? \_\_\_\_\_

Major: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Volunteer, Involvement, and Work Experiences

*Please list any volunteer, college involvement, or work experience that will be helpful to share.*

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#### Why this Board?

*What interests you about the Advisory Board and what do you hope to accomplish by serving on the Board?*

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#### Signature

*By typing my name below, I am electronically signing and submitting my application, and affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Board member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also understand that this position is at-will volunteer position. Therefore, if I am selected, my seat or the entire Board may be discontinued without any prior notice.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

E-mail completed applications to [kaselousk@hartford.edu](mailto:kaselousk@hartford.edu).