

**International Student Representative Application  
for the Student InterCouncil  
at the University of Texas Health Science Center at Houston**

**Term Applying for: September 1, 2021 – April 30, 2022**

**Applicant Name:** \_\_\_\_\_

**Applicant Email Address:** \_\_\_\_\_

**UTHSC-H School Attending:**

\_\_\_ SBMI    \_\_\_ GSBS    \_\_\_ SPH    \_\_\_ CSON    \_\_\_ MMS    \_\_\_SOD

**Anticipated Graduation Date:** \_\_\_\_\_ (month) \_\_\_\_\_ (year)

**Anticipated Degree:** \_\_\_\_\_

**\*\*If applying for an international student position, you must be enrolled at UTHealth on a non-immigrant visa which the SIC will verify through the Office of International Affairs.**

**Please indicate your country of citizenship:**

\_\_\_\_\_

**Please identify three issues that you believe the Student InterCouncil should address during your term and explain why and how these issues might be important for aiding the international student community. (Please feel free to include potential ideas to alleviate these issues also.)**

**1)**

**2)**

**3)**

**Please explain how your active participation in the Student InterCouncil could positively impact your fellow international students at UTHHealth. (150-word limit; use additional sheets as necessary)**

**Please explain the leadership skills, qualities that you possess, experiences, and roles (if any) that qualify you for service on the Student InterCouncil. (150-word limit; use additional sheets as necessary)**

**You must submit a resume or CV as part of your application.**

**Please submit your completed application to [Tanetra.Booker@uth.tmc.edu](mailto:Tanetra.Booker@uth.tmc.edu) with “SIC International Student Representative Application” in the subject line no later than Friday, September 3, 2021. You will be notified no later than Friday, September 10th if you have been selected to serve on the Student InterCouncil.**

**Please note that selected applicants will be required to attend the Student InterCouncil orientation on Saturday, September 18th.**

**Statement of Understanding:**

In the event I am appointed as a UTHealth Student InterCouncil representative, I hereby agree to comply with all requirements set forth in the Student InterCouncil bylaws in addition to any policies and procedures established by The University of Texas Health Science Center at Houston and the UTHealth School which I attend. With my signature I hereby certify that all information on my application is correct to the best of my knowledge.

\_\_\_\_\_  
PRINT and SIGN Application for submission

\_\_\_\_\_  
Date