

**Member At Large 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: _____

Note: Previously, this position was named the “Underrepresented Representative” position. In an effort to remove the pressure on the representatives to speak for an entire group of people, this outdated terminology has been updated to “Member At Large”. In applying for this position, applicants are asked to highlight their unique experience/background/talent/skills that enable them to promote our mission of diversity and inclusion within the Student InterCouncil.

Please identify three issues that you believe the Student InterCouncil should address during your term and explain why these issues are important.

1)

2)

3)

Please explain how your fellow UTHHealth students would benefit from your active participation on the Student InterCouncil. (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 with “Member At Large Application” in the subject line no later than Friday, September 3, 2021. You will be notified no later than Friday, September 10, 2021 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