Student Advisory Council Application

Division of Enrollment and Student Affairs

Name: ___________________________ Major: ________________________________

Phone: ___________________________ College: ________________________________

Student ID: _________________________ AU Email: ____________________________

Degree: ○ Undergraduate ○ Graduate ○ Doctoral ○ Professional

Year at AU: ○ First ○ Second ○ Third ○ Fourth ○ Fifth or more

Campus Living: ○ I have lived on campus.
○ I have not lived on campus.

Type of Student: ○ Traditional (directly from high school, no dependents, etc.)
○ Nontraditional

Transfer Student: ○ No. ○ Yes. I transferred from: ____________________________

Please answer the following essay questions on an additional answer sheet:

1. How would you describe your AU experience?
2. Please list your involvement at AU or in community organizations. Please include any leadership positions held.
3. Please write three sentences about why you’re applying to serve on this council. Include the unique perspectives you offer.

Please return this form and your semester schedule to VP_ESA@augusta.edu. You may also drop it off at the Office of the Vice President for Enrollment and Student Affairs (Bellevue Hall, Summerville Campus). Thank you!