## University Center Advisory Board Application

MORRIS UNIVERSITY CENTER/ADMINISTRATION OFFICE SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE CAMPUS BOX 1067, ROOM 1012 EDWARDSVILLE, IL 62026

Please answer all questions. Use additional pages as needed.

## **GENERAL INFORMATION**

Last Name	First Name		
Address (i.e., Campus/Local)	City	State Z	Zip Code
Cell Phone	SIUE Email Address	<u> </u>	
( )	STOL Linui Mudicis		
Academic Ranking:			
Expected Graduation Date: (MONTH)	(YEAR)		
Position(s) for which you are applying (If you are interested in more than one, please rank your preferences.):			
ChairBookstore ChairpersonFinance ChairpersonFinance ChairpersonProgramming ChairpersonProgramming Chairperson			
For description of positions, view <u>www.siue.edu/muc</u> University Center Advisory Board, Constitution and By-Laws			
Please answer the following questions.			
1. Why are you interested in becoming a member of the University Center Board?			
2. List any knowledge, skills, and abilities that are pertinent to this position.			
3. What would you like to see improved or changed in the University Center?			
4. Do you have any prior commitments that may conflict with this position?			
Please return application to: Morris University Center, Administration Office			