Name: ________________________________   EID: ______________
Grade Classification: ________________   GPA: ________________
Major/Department: ______________________
Phone: ____________________   Email: ______________________

1. Please describe why you are interested in being a member of the SSD Student Advisory committee.

2. What role do you think that a campus disability services office should have on campus?

3. Students are an important part of conversations regarding trends on campus, outreach and education efforts, and how to best ensure accessibility and inclusion for students with disabilities. Describe the knowledge, skills, experience, or personal qualities that you would bring to these conversations.

4. Please briefly share any ideas you have about how SSD could better serve students or increase awareness and knowledge of accessibility on campus.
5. Have you been subject to any UT disciplinary actions? If so, please explain:

6. Participation in the SSD Student Advisory Committee requires monthly 1.5 hour meetings on the first Tuesday of each month from 3:30 – 5:00pm. Are you able to commit to attending at these dates and times for both the fall and spring semesters?

7. How did you find out about this committee?

8. Please supply one professional reference, including contact information.

1) Professional Reference:
Name: ______________________________
Title: ______________________________
Phone: ______________________________
Email: ______________________________

*Please send your current resume and this completed application to Emily Shryock at emily.s@austin.utexas.edu by July 31st, 2018*