

Student Advisory Board
to the
Oklahoma State Regents for Higher Education

APPLICATION

Name: _____

Address: _____

Phone: _____ E-mail: _____

Institution: _____

GPA: _____ Classification: _____ Major: _____

How many months/years experience do you have in student government? _____

(SGA experience is not required to serve on the SAB)

Please list any experience, special skills, or honors relevant to Student Advisory Board membership (please attach a resume):

Explain your interest in serving as a member of the State Regents' Student Advisory Board:

I, _____, do understand all responsibilities associated with the position as a Student Representative to the Oklahoma State Regents Student Advisory Board. I agree to maintain a minimum cumulative grade point average of a 2.80 on a 4.0 scale and to remain as a regularly enrolled full-time student during my tenure as a board member should I be selected. I also agree to allow the State Regent's Student Relations Liaison to verify my eligibility on a semester basis. Furthermore, I understand that attendance at all Student Advisory Board meetings is essential and will be expected.

Applicant Signature: _____

Please fax or email application to:

Dr. Kermit R. McMurry
Oklahoma State Regents for Higher Education
655 Research Parkway, Suite 200
Oklahoma City, OK 73104-3603
kmcmurry@osrhe.edu
Phone- (405) 225-9173
Fax- (405) 225-9392