

Application for SDC Officer Position

Name _____ Date _____

Trimester _____ Position applying for _____

of Trimesters on SDC Executive Council (if applies) _____

of Trimesters on SDC General Council (if applies) _____

Briefly describe why you want to serve in the Student Doctors' Council & your qualifications:

- | | |
|-----------|-----------|
| 1. _____ | 26. _____ |
| 2. _____ | 27. _____ |
| 3. _____ | 28. _____ |
| 4. _____ | 29. _____ |
| 5. _____ | 30. _____ |
| 6. _____ | 31. _____ |
| 7. _____ | 32. _____ |
| 8. _____ | 33. _____ |
| 9. _____ | 34. _____ |
| 10. _____ | 35. _____ |
| 11. _____ | 36. _____ |
| 12. _____ | 37. _____ |
| 13. _____ | 38. _____ |
| 14. _____ | 39. _____ |
| 15. _____ | 40. _____ |
| 16. _____ | 41. _____ |
| 17. _____ | 42. _____ |
| 18. _____ | 43. _____ |
| 19. _____ | 44. _____ |
| 20. _____ | 45. _____ |
| 21. _____ | 46. _____ |
| 22. _____ | 47. _____ |
| 23. _____ | 48. _____ |
| 24. _____ | 49. _____ |
| 25. _____ | 50. _____ |

SIGNATURES NEEDED:

SDC President _____ Date _____

Dean of Student Services _____ Date _____

Vice President of Academic Affairs _____ Date _____

Application for SDC Position (cont.)

NAME _____ STUDENT ID # _____

LOCAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

LOCAL PHONE # _____ OTHER PHONE # _____

Please explain any previous experience you have in student government or in any leadership position.

Please explain why you think you would be best suitable for the position you are applying for.

Previous work experience (list in order starting with most recent job):
