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**Application for Coordinating Board**

**Student Representative**

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| Name: Click here to enter text. |
| Institution: Click here to enter text. |
| Graduation Date: Click here to enter a date. |
| Major(s): Click here to enter text. |
| GPA: Click here to enter text. |
| Mailing Address: Click here to enter text. |
| Phone Number: Click here to enter text. |
| E-mail: Click here to enter text. |

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| Please describe an issue related to higher education that you are most interested in and why. Limit to 150 words\*. |
| Click here to enter text. |

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| Please explain how you would help your fellow college students by serving.Limit to 150 words\*. |
| Click here to enter text. |