

Texas State University-San Marcos

HLC Officer Application

Name:

P.L.I.D.

Phone #:

E-mail:

Classification: Undergraduate Graduate

Major:

Expected Date of Graduation:

Number of Hours at Texas State University:

Office/Position You are Applying For:

Note: By signing in the space provided below, you are authorizing the Texas State University Healthcare Leadership Coalition advisor to access your academic records for review of said qualifications for office or chairperson.

Signature of Applicant:

Date:

Advisor Approval:

Date: