

UT Counseling and Mental Health Center
Student Advisory Committee Application

Name: _____ **Date:** _____

Grade Classification: _____

Major/Department: _____

Phone: _____ **Email:** _____

Local Address: _____

1. Please describe your interest in being a member of this committee.

2. What role do you think that a campus counseling center should have in student life?

3. One of the goals of this committee is to have student input. Students will be an important part of conversations regarding trends on campus, prevention and education efforts, and how to best serve the mental health and wellness needs of students. 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 the counseling center could reach more students and have a larger impact on student well-being.

5. Have you been subject to any UT disciplinary actions? If so, please explain:

6. Participation in the CMHC 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?

7. How did you find out about this committee?

8. Please supply at least 1 UT-affiliated and 1 additional reference, including contact information.

1) UT Faculty or Staff Recommendation

Name: _____

Title: _____

Phone: _____

Email: _____

2) Additional Recommendation (*may also be a UT faculty or staff member*)

Name: _____

Title: _____

Phone: _____

Email: _____

Please attach your current resume and return this application to Dr. Jane Bost, jbst@austin.utexas.edu by April 30, 2014.