

Application for Student Representative: University Committee

Complete and return to ASNMU (asnmuvp@nmu.edu) or 1203 University Center

Name (Last, First): _____

Major: _____

Year: _____

Email: _____

Phone Number: _____

Committee Interest: _____

Why do you want to serve on this committee?

What makes you qualified to serve on this committee?

Please provide the names, relation to you, and contact information of two references (at least one NMU Faculty/Staff):