# Student Advisory BoardApplication/Nomination Form

PURPOSE OF THE STUDENT ADVISORY BOARD
To provide a student voice to the administration of Disability Resources on matters of policy and procedure that governs the operation of Disability Resources. The role of the Student Advisory Board is to provide effective feedback on updates to services provided by the staff in Disability Resources and to provide suggestions for improvements to service delivery and general campus access. All final decisions about implementation of suggestions shall be made by the professionals providing the services, with respect to legal requirements, university policies, service priorities, and the availability of resources and staffing.

*(Note: The Student Advisory Board does not address individual student or faculty concerns with Disability Resources. Individual concerns should follow the formal methods of reporting their concerns to the appropriate Disability Resources staff or university ADA Coordinator as per Disability Resources procedures and the Student Rules related to disability accommodations and grievances.)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (voice only, voice or text, text only, videophone)

Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Colleges, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester/Year you entered Texas A&M: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently registered with Disability Resources at Texas A&M University? YES NO

Nature of your disability (check all that apply):

* ADHD
* Autism Spectrum
* Health Related
* Hearing Impaired/Deaf
* Learning Disability
* Mental Health
* Orthopedic
* Speech Impairment
* Temporary
* Traumatic Brain Injury
* Visual Impairment/Blind
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions:

1. Please list any leadership and extra-curricular involvements you have had (or the nominee has had).
2. Please explain why you would like to serve (or recommend the individual to serve) on the Student Advisory Board.