

**STUDENT ACTIVITY BUDGET ADVISORY COMMITTEE
(SABAC) INTEREST FORM**

Please complete this form LEGIBLY and return it to Brenda Arthur in Kennesaw Hall, Rm. 4418. Your name will be added to the list of students who are eligible to be appointed by Student Government to serve on SABAC. SABAC appointments must be made from the list, but submission of this form does not guarantee appointment.*

Name _____

Address _____

Zip Code _____

Home Telephone _____ Work Telephone _____

Pager/cell phone number _____

Email address _____

KSU Student ID Number* _____

Declared Major _____ Cumulative GPA* _____

Hours earned at KSU _____

Please attach a brief typed letter explaining your interest in SABAC and listing any past experience you have had which you feel will benefit SABAC.

Please check all the classifications that apply to you. This information is requested in order to help balance representation on SABAC.

Traditional Age (18-22) _____ International Student ** _____

Non Traditional Age (23-over) _____ Student w/disability _____

American Minority _____ Graduate Student _____

*By my signature, I give KSU administrative staff permission to verify my eligibility to serve on SABAC. I understand that my form will be withdrawn if I fail to meet eligibility requirements and that only KSU staff will have access to my academic information.

** By checking this category, you are indicating you are not a U.S. citizen.

Date: _____

Candidate's Signature