

**International Student Representative Application
for the Student InterCouncil
at The University of Texas Health Science Center at Houston**

Term Applying for: September 1, 2022 – April 30, 2023

Applicant Name: _____

Applicant Email Address: _____

Which UTHealth Houston School are you Attending in 2022-2023?

SBMI GSBS SPH CSON MMS SOD

Anticipated Graduation Date: _____ (month) _____ (year)

Anticipated Degree: _____

****If applying for an international student position, you must be enrolled at UTHealth Houston on a non-immigrant visa which the SIC will verify through the Office of International Affairs.**

Please indicate your country of citizenship:

Please identify three issues that you believe the Student InterCouncil should address during your term and explain why and how these issues might be important for aiding the international student community. (Please feel free to include potential ideas to alleviate these issues also.)

1)

2)

3)

Please explain how your active participation in the Student InterCouncil could positively impact your fellow international students at UTHHealth Houston. (150-word limit; use additional sheets as necessary)

Please explain the leadership skills, qualities that you possess, experiences, and roles (if any) that qualify you for service on the Student InterCouncil. (150-word limit; use additional sheets as necessary)

You must submit a resume or CV as part of your application.

Please submit your completed application to Tanetra.Booker@uth.tmc.edu with **“SIC International Student Representative Application”** in the subject line no later than Friday, August 19, 2022. You will be notified no later than Friday, August 26, 2022 if you have been selected to serve on the Student InterCouncil.

Please note that selected applicants will be required to attend the Student InterCouncil orientation on Wednesday, August 31st from 5:30pm to 8:30pm.

Statement of Understanding:

In the event I am appointed as a UTHealth Houston Student InterCouncil representative, I hereby agree to comply with all requirements set forth in the Student InterCouncil bylaws in addition to any policies and procedures established by The University of Texas Health Science Center at Houston and the UTHealth Houston School which I attend. With my signature I hereby certify that all information on my application is correct to the best of my knowledge.

SIGN Application for submission

Date