

Services for Students with Disabilities

UT Services for Students with Disabilities

Student Advisory Committee Application

Name: _____

Date: _____

Grade Classification:_____

GPA:_____

Major/Department: _____

Phone: _____

Email: _____

1. Please describe your interest in being a member of this committee.
2. What role do you think that a campus disability services office 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, outreach and education efforts, and how to best ensure accessibility and inclusion for students with disabilities. 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 SSD could better serve students or increase awareness and knowledge of accessibility on campus.



The University of Texas at Austin

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

6. Participation in the SSD 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 for both the fall and spring semesters?

7. How did you find out about this committee?

8. Please supply one professional reference, including contact information.

1) Professional Reference:

Name: _____

Title: _____

Phone: _____

Email: _____

Please attach your current resume and return this application to Emily Shryock at emily.s@austin.utexas.edu.