Academic Council Application Form

General Information

Name (print): _____

Program: _____

Student Email Address: _____

Phone: _____

Student ID#: _____

Availability

Do you commit to attend every scheduled Academic Council meeting, every 2nd Tuesday of the month 5–6:30pm ?

◯ Yes ◯ No

Do you agree to hold this position for the full academic year?
You must be a current student to be an Academic Council Representative.

◯ Yes ◯ No

What date will you be finished your program? _____

Acknowledgement

By signing this academic council application you acknowledge:

- You will attend the scheduled interview that would determine your eligibility for this role.
- The Students' Council representatives on the Academic Council Subcommittee will review all applications. and interview information to appoint only accepted applicants.
- You will receive email correspondence from the SANQC about the status of your application.
- You **MUST** attend the in-person training session and SANQC orientation before the first Academic Council meeting (Oct. 2026).
- This role includes an honorarium in recognition of your time and contributions.

Signature: _____

Date: _____