

**Oregon State University Student Health Advisory Board  
Membership Application 2016-2017**

Oregon State University Student Health Advisory Board (SHAB) serves the following functions:

1. Evaluate proposed budgets of Student Health Services (SHS) and recommend an annual budget to the SHS Executive Director.
2. Recommend the SHS health fee to the Student Incidental Fee Committee (SIFC).
3. Evaluate and recommend changes to SHS programs and services based on the best interests of OSU students.
4. Participate in the review and selection of the student health insurance policies for domestic and international students.
5. Serve as a liaison between the Associated Students of Oregon State University (ASOSU), SIFC and SHS.
6. Identify initiatives that promote a healthy university community.

To be eligible to apply for the SHAB, the applicant must:

1. Be a health fee-paying student.
2. Achieve and maintain at least a cumulative 2.0 GPA (undergraduate) or a 3.0 GPA (graduate).
3. Available for 1 hour a week for SHAB meetings.
4. 2016-2017 SHAB meetings  
*Meeting times: (subject to change depending on student schedules)*  
*Fall 2016 every other Tuesday 8-9am, starting Week 2.*  
*Winter 2017 weekly, every Tuesday 8-9am, starting Week 1.*  
*Spring 2017 every other Tuesday 8-9am, starting Week 1.*
5. If selected, be committed for at least a 1 year term.

Name	
Student ID	Phone number
Email	Academic Major
Year in School (circle one): Freshman    Sophomore    Junior    Senior    Post-Baccalaureate    Graduate	
Seat position applying for (circle one):    undergraduate seat    graduate seat	

Please describe the reason(s) why you want to join SHAB:
Please describe your relevant campus involvement/past leadership:

SHAB membership information and application form can be found online at <http://studenthealth.oregonstate.edu/shab>  
 Please complete this application form and return it to SHS by emailing the form to [OSU.SHAB@oregonstate.edu](mailto:OSU.SHAB@oregonstate.edu)  
 or turning in a hardcopy form to Claire Younger at 321 Plageman Building, Corvallis, OR 97331-8567.

By signing below I confirm that all of the information completed on this application is accurate, and if selected to the SHAB I will make a committed effort to add the purposes of SHAB by being present at board meetings.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_