## **HIGHER EDUCATION LICENSURE COMMISSION (HELC)**

## **STUDENT ADVISORY COMMITTEE**

## **APPLICATION FORM**

The HELC Student Advisory Committee is a new group designed to foster two-way communication between District students, residents, and relevant stakeholders and the Commission. Students are the focus of the HELCs work, and learners’ perspectives on postsecondary education in the District of Columbia are very important to the Commission’s charge. The HELC seeks to ensure that student voices are being heard.

The Student Advisory Committee’s sole duty is to advise the Commission on issues and policies related to the student experience in career programs and degree granting institutions operating in the District of Columbia. The Advisory Committee has no executive or administrative powers or duties concerning the operation of the Commission.

Membership on the advisory committee is by invitation of the Commission. Participation is voluntary with no monetary compensation.

Please refer to the Student Advisory Committee webpage: [osse.dc.gov/page/helc-student-advisory-committee](http://osse.dc.gov/page/helc-student-advisory-committee) for additional information about Eligibility, Selection, and Duties. To read more about the Commission, visit the website at: [osse.dc.gov/helc](http://www.osse.dc.gov/helc).

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Please type your information into the form. The form must be signed and dated. Please email a copy of the complete application form and resume to [OSSE.Elcmail@dc.gov](mailto:OSSE.Elcmail@dc.gov).

Individuals who are selected to serve on the Student Advisory Committee will be notified via email. Applications and resumes will be kept on file for up to two years and reviewed to fill vacancies on the Advisory Committee.

Incomplete applications will be considered ineligible.

*Thank you for your interest in serving.*

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| **APPLICANT INFORMATION** |
| First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Phone: (\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_ Best Time to Call: \_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student: Yes  NO  Graduation Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recent Graduate: Yes  No  Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation/Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Civic/Organization involvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How did you hear about the HELC Student Advisory Committee?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **OPEN RESPONSES** |
| 1. Why are you interested in serving on the HELC Student Advisory Committee?  (Please limit the response to 150 words.) |
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| 1. What knowledge, skills, expertise, and or perspectives will you bring to the committee if selected?  (Please limit the response to 150 words.) |
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| 1. What two issues do you find most pertinent to students in postsecondary institutions in the District? What ways do you think these issues can be solved or addressed? (Please limit the response to 150 words.) |
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| 1. If selected, what additional information do you think you need in order to be successful? (Please limit the response to 150 words.) |
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| **CERTIFICATION** | | | |
| I acknowledge that Higher Education Licensure Commission (HELC) Advisory Committee members may be entrusted in sensitive and private information. I hereby undertake neither to the divulge any of the knowledge, nor to discuss it at any time or any place with unauthorized persons whether during my time with the District of Columbia or thereafter. I acknowledge that I fully understand the above and that a breach of this understanding may result in my suspension or dismissal as an Advisory Committee Member. | | YES | NO |
| If selected, I give permission for the District to publish/post my name on any documentation associated with the Student Advisory Committee including the Office of the State Superintendent of Education and Higher Education Licensure Commission District’s web page. | | YES | NO |
| I waive/release all rights and claims for damages against the District of Columbia and their employees and agents for all injuries, which may be sustained, by the herein named while attending Advisory Committee meetings or business. | | YES | NO |
| I give permission to use photographs, of the above named volunteer, in any professional materials (i.e. print, website, television). I fully understand that there is no compensation paid for use of the photograph. | | YES | NO |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature | Click here to enter text.  Date | | |