

*Office of Academic Support
Undergraduate Coordinator Application*

Last Name:	First Name:	Middle Init:
UFID Number: / /	Cell Phone #: () -	
Email :	Major:	
Campus/Local Address:		
Cell phone#: () -	City, State, ZIP:	
Home/Permanent Address:		
Home/Permanent Telephone: () -	City, State, ZIP:	
Summer or Alternate Email Address:		
School/College:	Anticipated Graduation Date: / /	
Cumulative UF GPA:	Class Status 2016-2017: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	
Special Skills (foreign languages, graphic design, html, computer programs, etc.):		
What other activities, organizations or employment do you have planned for 2016-2017?		
Have you participated in a Freshmen Seminar Course at UF (e.g., SLS 1102): Select One Yes/No		
Have you previously served as an OAS Peer Mentor or in other leadership/counseling role? Specify:		
Will you be able to spend a minimum 10 hrs/week for the full year (May, 2016-April, 2017) in the office between 8-5pm and 3 hrs/week (during Spring 2016) volunteering to assist in coordinating OAS programs and activities?		
Do you have a Judicial Record or have you been found in violation of the UF Student Code of Conduct? Yes/No Select one* *If yes, please explain in a separate message to include with the application.		

APPLICATION QUESTIONS

Please provide typewritten answers to the following questions on a separate page.

1. Describe leadership, experience(s), characteristics and/or skills that qualify you to be a Student Coordinator for OAS.
2. Please describe your previous mentoring experience discussing your likes and dislikes, providing suggestions for improvements.
3. Briefly explain what activities, responsibilities or roles you have experienced with OAS/AIM?
4. How does the OAS Student Coordinator experience fit your personal goals?
5. Why are you interested in becoming an OAS Student Coordinator?

Please provide names of Faculty/Staff who is providing your letter of reference.

Name	Title	Contact Info.
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(1)

(2)

Please Include in your application packet:

- A cover letter and a current resume (1-page) as part of the application packet. This should be accurate and up-to-date with job history, student organizations, and other leadership opportunities
- A letter of recommendation from UF Faculty/Staff (excludes OAS affiliated faculty and staff)
- Headshot (2"x 2.5")

PLEASE SUBMIT THE COMPLETED APPLICATION TO:

Dr. Angeleah Browdy
Office of Academic Support
Suite 311-Little Hall
PO Box 118115
Gainesville, FL 32611

APPLICATION DEADLINE FEBRUARY 19th

WAIVER & VERIFICATION STATEMENT:

Please Check:

- I waive any right I might have to review the contents of any evaluation materials that become part of my candidate file.
- I also certify that all information provided within this application is accurate and true and OAS office has permission to verify my university records.
- I understand that providing false information on this application may result in my removal from the Student Coordinator Position selection process and/or forfeiture of any appointment in OAS.
- I give permission for the Academic Success Center to obtain copies of my academic record.

Signature _____

Date _____

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