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| **Name**: |
| **UM email address**: |
| **Faculty:** |
| **Study Programme and Year of Study**: |
| **Why do you want to become a member of the Student Advisory Council D&I?** (Max 100 words) |
| **What are your top 3-4 qualities that make you a good fit for this position?** (Max 150 words) |
| **What do you hope to gain from the experience of being a student member of the AC D&I?** (Max 100 words) |
| **Any other information you wish to share** (Max 100 words) |