



## School of Nursing Student Ambassadors Application Signature Page

*By signing this form, I attest that the information I have provided is true and accurate. I understand that providing false or erroneous information will disqualify me from the Student Ambassador selection process and/or removal from the Student Ambassador program should I be selected.*

*Furthermore, I understand that the Student Ambassador program has participation requirements outlined on the School of Nursing Web site, and will be detailed more specifically during the interview process and further upon my selection as an ambassador. Failure to meet those participation requirements, which include attendance at regularly scheduled meetings and college events, will bar me from future participation.*

*Failure to maintain enrollment in the School of Nursing or the minimum grade point level required to be eligible for consideration, as well as my participation in activities that could discredit the college, will also nullify my eligibility to remain a student ambassador.*

*Please see the Student Ambassador's website at [http://www.auburn.edu/academic/nursing/nurse\\_students/nursstudenambass.html](http://www.auburn.edu/academic/nursing/nurse_students/nursstudenambass.html) for complete program information, requirements, and expectations.*

**Signed:**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

*Please refer to "Apply to be an Ambassador" at [http://www.auburn.edu/academic/nursing/nurse\\_students/saapplication.html](http://www.auburn.edu/academic/nursing/nurse_students/saapplication.html) for information about the post-application process and interview schedule.*

# 2017-2018 Student Ambassadors Application

\*\* Due to the Student Services Office (108 Miller Hall) by 4:45 p.m. Monday, March 1st\*\*

Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

## ENROLLMENT INFORMATION

Anticipated Graduation Date \_\_\_\_\_

Current Classification \_\_\_\_\_

Sophomore  
Senior

Junior  
Grad

Major \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Banner ID \_\_\_\_\_

## CONTACT INFORMATION

Local Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Local Phone \_\_\_\_\_

Permanent Phone \_\_\_\_\_

## PERSONAL INFORMATION

Hometown, State \_\_\_\_\_

High School Attended, City, State \_\_\_\_\_

Grad Year: \_\_\_\_\_

Are any members of your immediate family graduates of or current students at Auburn University? If so, are any of them graduates of / studying in the School of Nursing?

Please note how or from whom you learned about the Student Ambassadors.

**SELECTION INFORMATION (Please type or print neatly in black or blue ink.**

**Current Campus Activities and Leadership Positions:**

**Non-Auburn Activities and Leadership Positions:**

**Please answer the following three questions on a separate page:**

- 1. Why did you choose the School of Nursing?**
- 2. What are your strengths and weaknesses?**
- 3. Why should you be selected as a Student Ambassador?**

**Will you be able to participate in evening and weekend events or activities?**  Yes  No

**Will you be participating in an Preceptorship during the 2015 - 2016 academic year?**

Spring 2016      Summer 2016  
Neither semester

**For Office Use Only.**

Date Submitted Application:

Interview Date/Time:

Notes:

Date Completed Training

Shirt Size:

Nametag Date Given

Polo Date Given

Headshot

Website