## Membership Application – 2014/2015

### Applicant Information

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<th>Full Name:</th>
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### Are you:

- [ ] Student
- [ ] Faculty
- [ ] Staff
- [ ] Alumni
- [ ] Member of DU Community/
  Other (Please describe):

### Are you:

- [ ] Student:  
  - Major: 
  - Minor: 
  - Expected Graduation Date:

- [ ] Faculty/Staff:  
  - Title/Position: 
  - Campus Department: 
  - Years at DU?

### How did you hear about the committee?

- [ ] Daniels IE Website
- [ ] Recommended by: 
- [ ] Other:

### About You:

**Why are you interested in being on the Daniels Inclusive Excellence Committee?**
What could you bring to the Committee (interests, passion, skills, background, etc.)?

Please list your academic, professional, research and personal interests:

Please note any other information you would like us to know about you!

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge, and I have carefully read the DIEC membership guidelines. If this application leads to membership, I understand that false or misleading information in my application or interview may result in dismissal from the committee.

Signature:  
Date:

Submit completed applications to Esther Gil (esther.gil@du.edu).

Date Revised 9/24/2014