



STUDENT INFORMATION TECHNOLOGY ADVISORY COUNCIL APPLICATION

NAME: _____ **RMU ID#** _____

SCHOOL ADDRESS:

HOME ADDRESS: *(if different from school address)*

PHONE NUMBER: _____

RMU EMAIL ADDRESS: _____

MAJOR: _____

GPA: _____ **CREDITS EARNED AT RMU AS OF LAST TERM:** _____

PLEASE PROVIDE ONE RMU FACULTY MEMBER AS A REFERENCE:

Please submit this form to Student Life, studentlife@rmu.edu