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|  UMBC: An Honors University in Maryland Off-Campus Student Services 2015 |

 TRANSFER STUDENT NETWORK (TSN) LEADER APPLICATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print or Type)

Semester Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Do you live: \_\_\_\_\_\_Off-campus \_\_\_\_ On-campus

Do you use a UMBC Shuttle Bus Line? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UMBC Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Credits:\_\_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_\_\_\_\_

**Personal Perspectives:**

Respond to the following questions on a separate page and attach to this completed application. Please number each response according to question. Each prompt should be a *minimum* of 125 words, 12point font, double-spaced, and headed with a bolded title line.

1. Please explain why you want to work for OCSS.
2. What do you believe are the major challenges faced by transfer students?
3. Please share 2 goals that you would like to accomplish as a TSN Leader.

**Activities and Experience:**

Please attach with this application a typed detailed resume describing your involvement in extracurricular clubs and organizations, as well as any work experience. Be sure to specify leadership positions held where appropriate, and list any honors or awards received.

Do you currently work? If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # hours/week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What date will you be available to start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a TSN Leader, you will be required to work the following schedule: *\*Tentatively\** Monday Team Meetings from 12pm-1pm and TSN Workshops on Wednesdays from 12pm-1pm *\*confirmed\*.*

I am available to work the schedule above: \_\_\_\_ yes \_\_\_\_\_\_ no

## REFERENCES

## List 2 references from UMBC faculty/staff or previous employer(s)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known: \_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years Known: \_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for applying with Off-Campus Student Services. If you have any further questions, please email: arbhope1@umbc.edu. Please sign and date below to certify that all of the above information is correct and allow OCSS to verify grades and demographic information. Thank you for your interest!

I hereby give OCSS staff permission to review my academic and student conduct record.

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 Signature Date