Atlantic Cape Community College
Role of the Student Representative to the Board of Trustees

The Board of Trustees is a policy-making body. Members do not involve themselves in the day-to-day operations of the college. The purpose of having a recent graduate on the board is to ensure that a student perspective is present when making these policies. The Alumni Representative has the same voting rights as other members.

Responsibilities:

Attend monthly Board of Trustees meetings in person. Meetings are scheduled at all three campuses.

Review all Board materials prior to meetings.

Actively participate in discussions.

May be asked to serve on a sub-committee, which will require attendance at additional meetings.

Requirements:

• Must be scheduled to graduate during the spring semester
• Completing all coursework during the spring semester
• Cannot be an employee of the college
• Must be available to attend monthly Board meetings in person

If the Alumni Trustee is unable to fulfill the requirements of the position, they may be asked to forfeit the position and the position may be offered to the next qualified candidate.

2019
Atlantic Cape Community College Application
Board of Trustees Student Representative

Name: __________________________________________________________

Address: _______________________________________________________

Phone: _________________________________________________________

Major: _________________________________________________________

Transferring: ___________________________________________________

Employed by: ___________________________________________________

Please attach to this application your resume and a brief statement (two short paragraphs) explaining why you decided to apply for this position. List below any clubs or activities that you participated in while at Atlantic Cape Community College.

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

I hereby give my permission to release any or all information on this application and/or its attachment(s) in a letter/ballot to the members of the graduating class of Atlantic Cape Community College.

Applicant’s Signature: _____________________________________________

Date: ____________________________________________________________

Completed applications must be sent by the designated deadline to the Student Affairs Office, Atlantic Cape Community College, 5100 Black Horse Pike, Mays Landing, NJ 08330.

02/2019