COLLEGE OF EDUCATION STAFF ADVISORY COUNCIL (CoE SAC) MEMBERSHIP APPLICATION

Our mission: Foster an inclusive environment; provide a voice for CoE staff; act as liaison between University and College leadership and CoE staff. Our vision: Strengthen staff relations and increase networking opportunities; support, encourage and cultivate professional growth and development; engage in collegial discussions and collaborations.

Applicant name:	Department:	Phone:
Job title:	Office address:	E-mail:
Please complete the following qu	estions (attach an additional sheet if more space i	s needed):
Please explain your interest in s	erving on the CoE SAC.	
2. What qualities, skills, and/or spe	cial interests would you bring to CoE SAC?	
Please read and complete this see	ction before submitting your application:	
I have read the CoE SAC gu	delines. (Link to guidelines)	
I understand that membersh	p is a 2 year term.	
		t this time is considered to be Penn State work time. The age. Additional time is required for those in leadership
I understand and agree to the con	nmitments listed above.	
Applicant's signature:	Date:	
	SUPERVISOR AGREEME	ENT
		risory Council (CoE SAC). Members of CoE SAC provide a ort and understanding is a vital part of the success of the
I understand that membersh	p is a 2 year term.	
I understand the time commi	ment described above.	
support this applicant's involvem	ent in the CoE SAC and would consider such activ	vity as official University business.
Supervisor's signature:		Date:
Dept. Head's signature (if applicab	e):	Date:
	,	

Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce.

Please send this completed form to CoE Human Resources

