

**PRESIDENT'S COMMISSION ON THE STATUS OF GAY, LESBIAN, BISEXUAL,  
AND TRANSGENDER FACULTY, STAFF AND STUDENTS**

*Application for Commissioner*

Thank you for your interest in joining the Commission. Please complete and return this form no later than 4:00pm on Friday, November 23. Any information submitted on this application will be kept confidential and shared only with the current members of the Commission. Any questions regarding the application process should be directed to Wilma Busse, Chair, (617) 573-8226.

**Contact Information**

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

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

Telephone: \_\_\_\_\_

**Campus Affiliation** (please select your *PRIMARY* affiliation)

**Undergraduate Student**

School:  CAS  SSOM

Department/Major: \_\_\_\_\_

Number of semesters you have been enrolled at least part-time as a student at Suffolk (prior to this semester): \_\_\_\_\_

I am currently enrolled as an undergraduate student at Suffolk.

**Graduate Student**

School:  CAS  SSOM  Law

Department/Major: \_\_\_\_\_

I am currently enrolled as a graduate student at Suffolk.

**Faculty**

School:  CAS  SSOM  Law

Department: \_\_\_\_\_

Position/Title: \_\_\_\_\_

I am employed full-time at Suffolk.

**Professional/Administrative Staff** - OR -  **Support Staff**

School:  CAS  SSOM  Law  Other Division

Department: \_\_\_\_\_

Position/Title: \_\_\_\_\_

I am employed in at least a 24hr/week position at Suffolk.

**Statement of Interest**

The Commission is very interested in your reasons for wanting to become a member. Please briefly state what you would bring to the position of Commissioner and what serving on the Commission would do for you.

A large, empty rectangular box with a thin black border, intended for the applicant to write their statement of interest. The box is currently blank.

**Please send or deliver your completed application to the Office of Diversity Services:  
41 Temple St, Archer 481, Boston, MA, 02114. FAX: 617-573-8458.**