



The VOICE for the Vascular Ultrasound Profession since 1977

SVU Student Board Representative Application

(Attach an additional page if needed to answer any questions)

Student's Name: _____

Address: _____ State: _____ ZIP: _____

Phone #: _____ E-mail Address: _____

Student Member of SVU since: _____ SVU Member ID #: _____

Ultrasound School Name and Address: _____

Expected Date of Graduation: _____ Degree: _____

Name of School's Ultrasound Program Director: _____

Program Director's Phone: _____ E-mail: _____

Student's School Activities: _____

Preferred Ultrasound Career Choice: _____

Why you would like to serve as the appointed Student Representative on the SVU Board of Directors?

My school's Program Director supports my interest in serving on the SVU Board of Directors as the Student Representative: Yes No

I understand that the student representative position on the SVU Board of Directors is a one-year, unpaid, non-voting position, effective May 1, 2008, and that SVU will reimburse me for my travel expenses as per SVU policy to attend two SVU Board meetings in June and December 2008.

Signature: _____ Date: _____

Please attach a current curriculum vitae or resume.

E-mail completed application and C.V. or resume to studentapplication@svunet.org by April 2, 2008.