

Program Head Application

Name:			_ Date:	
Mailing or Current Address	:			
City:	State:		Zip code:	
Cell phone Number:	· · · · · · · · · · · · · · · · · · ·	Email:		
Academic Major/College:		Clas	_ Class Standing:	
Expected Graduation:			_	
Please check the position y	ou are applying fo	or:		
□ Editor-in-Chief, Haw	aiʻi Review		General Manager, KTUH	
□ Editor-in-Chief, Ka L	eo O Hawaiʻi		General Manager, UHP	
College background for the	above position (i.	e., cours	es, organizations, etc.):	
Professional background (i	e.g, jobs, manage	ement ex	perience, etc):	
Do you have any other obli	gations that may c	conflict, it	f appointed? (If so, please list):	
			_	
Signature:				

Questions? Contact the SMB chairperson, Emily Cardinali at uhsmb@hawaii.edu.