



Albany Student
Dining Advisory
Committee

Request for Consideration of Appointment
2007-2008 Academic Year

Name: _____ **ID# :** _____

UAlbany Email (net id@albany.edu): _____

Local Campus Address (Quad or apartment): _____

Contact Phone # : _____ **Box # :** _____

Gender: Male Female

Year in School: Freshman Sophomore Junior Senior Graduate Student

Dietary Needs: Vegetarian Vegan Kosher Food Allergies Diabetes

Other: _____

Campus dining venues you frequent most often (Dining Halls or Retail Locations):

1. _____
2. _____
3. _____

What made you want to be a part of ASDAC?

Previous leadership experience, or accomplishments:

How did you hear about us?

Please return this application to Patricia Langendorf at Plangendorf@uamail.albany.edu or to the SUNYCard Office (CC B52). For more information please call 518-437 4753.