Ohio University  
Parents Advisory Council (OPAC)  
2009-10 Application

Name __________________________________________

Address __________________________________________

City ___________________________ State _________ Zip __________

Email __________________________________________

Daytime Phone ________________________________

Evening Phone ________________________________

Student’s Name __________________________________

Student’s Class Year (circle one)

2010  2011  2012  2013

Position applying for (circle all that apply)

Class representative  At-large representative

Please answer the following questions (on a separate sheet of paper):

1. Why are you interested in joining the Ohio Parents Advisory Council?
2. What do you believe are some of the prevalent issues facing higher education and undergraduate students?
3. What is one suggestion you would provide to enhance the undergraduate experience at OHIO?
4. Describe your past involvement with your student’s school/college/university (OHIO or other).
5. Additional comments.

Mail, fax, or email completed application to:  
Ohio Parents Advisory Council  
Office of the Dean of Students  
Baker University Center 345  
Athens, OH  45701  
740-597-3301 (fax)  
deanstu@ohio.edu

Deadline – September 15, 2009