

FRESHMAN ACADEMIC ADVISING SERVICES (FAAS)
STATEMENT OF INTEREST
INSTRUCTION OF SLS 1503 CLASS
(Please Print Clearly)

Name: _____
Last Name First Name Middle Initial

Z Number: _____

Term Seeking Position: _____

Primary Employment Title: _____

Faculty or AMP (check appropriate box)

Location of Primary Employment (*Department*): _____

Employment: 12 month or 9 month (check appropriate box)

Approval of Chair/Supervisor for Secondary Employment with FAAS: YES NO

Applicant's Signature: _____ Date: _____

Applicant's Contact Number: _____

Applicant's FAU Email Address: _____

Please submit application to the following address:
Liz Kennedy, Associate Director
Freshman Academic Advising Services
SU Building, Room 201
561.297.3132 - FAX