



# CLASS REP Sign-Up Sheet

DEPARTMENT/PROGRAMME:

COURSE NUMBER:

FULL NAME:

STUDENT ID:

UNIVERSITY EMAIL:

@AUCKLANDUNI.AC.NZ

BY SIGNING THIS FORM, YOU GIVE THE AUCKLAND UNIVERSITY STUDENTS' ASSOCIATION'S ADVOCACY OFFICE OFFICE PERMISSION TO GIVE YOUR DETAILS TO THE STUDENTS YOU REPRESENT.

SIGNATURE:

THIS INFORMATION WILL BE HELD CONFIDENTIALLY BY THE AUSA'S ADVOCACY OFFICE.

IT WILL ALSO BE USED BY YOUR DEPARTMENT/PROGRAMME TO NOTIFY YOU OF STAFF-STUDENT CONSULTATIVE COMMITTEE MEETINGS AND THE CLASS REP ADVOCATE TO CONTACT YOU ABOUT ISSUES OF INTEREST TO CLASS REPS.

PLEASE RETURN THIS FORM TO YOUR LECTURER OR CLASS REPRESENTATIVE CO-ORDINATOR.