

**Montclair’s Student Success Task Force**

**Interest Form**

**Interest Form**

*Submit the completed form to* [*provostatmsu@montclair.edu*](mailto:provostatmsu@montclair.edu) *by October 19, 2022.*

|  |  |
| --- | --- |
| **NAME:** |  |
| **TITLE/POSITION:** |  |
| **DEPARTMENT:** |  |
| **NUMBER OF YEARS IN POSITION:** |  |

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| --- |
| Briefly explain why you are interested in the Montclair’s Student Success Task Force. |

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| Briefly explain your experience(s) with student success. |

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| What one thing would you like Montclair to do to enhance student success? |

**EMPLOYEE SIGNATURE:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
|  |  |  |

**Is your supervisor aware of your interest in this task force?**

|  |  |
| --- | --- |
| **Yes** | **No** |
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