## ASSC EXECUTIVE BOARD/STUDENT SENATE APPLICATION

Please refer to the <u>ASSC Bylaws</u> for more information regarding specific eligibility requirements and the duties of Officers and Senators.

Please provide the following in	nformation: (Please print clear	<u>ly</u> .)			
Date:	Semester:				
Name:	SCC ID:				
Address:					
Phone: ()	(	_)			
Email:					
Major/Educational Goal:					
Expected Date of Graduation:		_			
Position(s) applying for: (1)					
(2)					
Available to attend meetings To	uesdays 2:30 – 4:00 p.m.?	Yes	No	(Circle One)	
Available to attend meetings W	Vednesdays 2:00 – 3:30 p.m.?	Yes	No	(Circle One)	
Available to attend meetings W	Vednesdays 6:30 – 8:30 p.m.?	Yes	No	(Circle One)	
Qualifications: Please list and you have had that you feel qua		, experier	nces, cla	sses, or courses	tha
Signature:				*	
Person to notify in case of eme	ergency: (Please print clearly.)				
Name:	Phone	e: ()			