Associated Student Government Application Form

Candidate Information

First Name: ___________________ Last Name: ___________________ Date: ___________________

Positions Desired (can be more than one):
1. ___________________________
2. ___________________________
3. ___________________________

GPA: ___________________ Major: ___________________

Units Enrolled in: ___________________ Student ID#: ___________________

Phone: ___________________ Email: ___________________

Tell us why you want to participate in the ASG:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Tell us your experiences that might help you in this position:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Tell us what vision you might have being a student government officer:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Time Available
*It is mandatory that you are available every Wednesday from 2:00 PM to 5:00 PM for the ASG meeting and holding at least 5 office hours every week.

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