

ASG Senator Application & Eligibility

Please complete the following information print legibly.

| | | B Number: |
|-----------------------------------|---|---|
| E-Mail Ad | dress: | Primary Phone: () |
| Qualificat | ions: | |
| CarCur | d Student Activities and Reprying a minimum class load mulative grade point averagod standing with Barstow Co | of nine (9) units se of 2.25 |
| I HAVE RE AM APPLY | | E ASG CONSTITUTION AND BYLAWS REGARDING THE POSITION |
| I HEREBY | AUTHORIZE THE RELEASE (| OF MY ACADEMIC TRANSCRIPT FOR GPA VERIFICATION. |
| | NG BELOW, I ACKNOWLEDG /E INFORMATION. | E THAT I HAVE COMPLETELY READ AND FULLY UNDERSTAND |
| SIGNATU | RE: | DATE: |
| | 143. | DATE. |
| | | DATE. |
| | | FOR OFFICIAL USE ONLY |
| |] | |
| | Candidate is approved by the | FOR OFFICIAL USE ONLY |
| | Candidate is approved by the | FOR OFFICIAL USE ONLY Director of Student Life and Development: Date: |
| | Candidate is approved by the Signature: | FOR OFFICIAL USE ONLY Director of Student Life and Development: Date: |
| | Candidate is approved by the Signature: G.P.A VERIFIED | FOR OFFICIAL USE ONLY Director of Student Life and Development: Date: |