

## **Associated Student Organization Officer Application**

Please return completed application to the ASO Office

Name:	Student ID#:	
Mobile#:	Cell#:	
Email:		
Please circle preferred method of	f contact: Mobile/Home/Email	
ASO Officers must meet the follo accordance with LACCD Regulati	wing eligibility and criteria to be considered on S-9:	for Office in
office  ➤ Have earned a cumulative  ➤ Have earned a 2.0 GPA or  LACCD  ➤ Be a paid ASO member in  ➤ Have successfully completed to the comple	eted no more than 80 degree-applicable underess probation one you are interested in: (Rank them 1-3	n the units in the
Vice President □ Treasu	rer □ Chief Justice □ Secr	etary 🗆
*See advisor/designee for addition	onal needed requirements.	
Student Senate:		
Activities & Planning Senator   Athletics Senator   Chief Newsletter Senator   Community Relations Senator	Associate Justice (1-6) □ Campus Alterations & Improvements Associate Newsletter Senator □ Disabled Students Senator □	Senator 🗆

I understand that by submitting this application, I authorize the Advisor, designee or qualified Administrator acting on behalf of the Associated Student Organization to verify the information I have provided on the application.

Signature:		Date:
	For Office Use (	Only
Current Student: Y	∕ES □ NO □	
Meets academic standards: YES $\square$ NO $\square$		
Does not exceed 80 Units: YES □ NO □		
Approved □	Denied □	
Advisor/Designee:	:	Signature:
Date:		