

2013-2014
Application

DECLARATION OF CANDIDACY FOR OFFICE TO THE BOARD OF DIRECTORS OF THE ASSOCIATED STUDENTS OF
SAN DIEGO CITY COLLEGE

I, _____, declare myself as a candidate for appointment to the Associated Students' Board of Directors at San Diego City College.

All positions require a current AS membership at the time of submission of application. Specifically, I declare myself to be a candidate for the office of (select one):

- ___ Vice President
- ___ Administrators
- ___ Senator (completed unit requirements waived for first semester freshman)

I, the undersigned, concur that I meet all qualifications for a San Diego City College ASG position and assume the responsibility of becoming familiar with San Diego City College ASG Constitution and By Laws, and the Student Code of Conduct. I understand that if I violate these regulations that I may be subject to sanctions of the college policies and procedures. I agree to comply with all rules, regulations, and requirements as outlined in the A.S. Constitution and Bylaws, and as stated in Policy 3100 and 3200, for the indicated office.

I also recognize that I am responsible for completing the SDCCD employment application in a timely manner, which includes a criminal background test, LiveScan (\$52.00 CDL/I.D.; or \$69.00 for out-of-state I.D.'s and driver's license). I am also responsible for paying any requisite tests, included, tuberculosis examinations (\$9.00). I also understand that the outcomes may result in the delay or approval of my application. I also understand that the Office of Student Affairs requests that I complete this application within three weeks of being informed that I have an office. The employment application may be picked up from the Office of Student Affairs.

Name: _____ Email: _____

Continuing City College Student? (Yes or No) _____ New City College Student? (Yes or No) _____

Address: _____ Phone: _____

C.S.I.D. # (last four numbers): _____

Signature: _____ Date: _____

A.S. MEMBER CARDS ARE A REQUIREMENT TO APPLY. PLEASE ATTACH A COPY OF YOUR A.S. CARD WITH CARD NUMBER. THANK YOU.

Students - please do not write below this line

.....
(Please use ✓ as confirmed or write in "no". Do not fill in information.)

CONTINUING STUDENTS MUST MEET ALL REQUIREMENTS (#1 - #4); NEW STUDENTS MUST MEET REQUIREMENTS "#3" and "#4"

- | | |
|-------------------------------------|----------------------------------|
| (1) ___ 12 Units Completed | (2) ___ Cumulative GPA (2.0 min) |
| (3) ___ Minimum 5 Units in Progress | (4) ___ A.S. Card Number |
| Approved _____ | ___ Not Approved |

APPROVED: _____

DEAN OF STUDENT AFFAIRS

Date Received: _____

Date Processed: _____