



# STUDENT APPLICATION

Use this form as a:

Student application to serve on ASI or Shared Governance Committees

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Full Name : \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

What is your class standing?

- Freshmen                       Sophomore                       Junior  
 Senior                               Graduate Student

What is your major? \_\_\_\_\_

Do you already serve on a committee?  Yes  No If so, which one? \_\_\_\_\_

Please list your top 5 committee preferences for appointment:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ |          |

Please share some of your interests so we can recommend other committees if necessary:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Activities and Events            | <input type="checkbox"/> Diversity                  | <input type="checkbox"/> Politics                    |
| <input type="checkbox"/> Academics and Research           | <input type="checkbox"/> Information and Technology | <input type="checkbox"/> Sports                      |
| <input type="checkbox"/> Budget and Finance               | <input type="checkbox"/> Legal                      | <input type="checkbox"/> Student Advocacy/Government |
| <input type="checkbox"/> Business                         | <input type="checkbox"/> Legislative and Lobbying   | <input type="checkbox"/> Student Life                |
| <input type="checkbox"/> Campus Planning                  | <input type="checkbox"/> Media & Marketing          | <input type="checkbox"/> Student Health              |
| <input type="checkbox"/> Community Service                | <input type="checkbox"/> Parking and Safety         | <input type="checkbox"/> Related to My College       |
| <input type="checkbox"/> Other (Please Specify):<br>_____ |   |  |

Please share any relevant experience, interests, or qualifications you may have. (150 Words Maximum)

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Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Weekly Schedule:**

Please check the following times you **ARE available** during the week:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00 – 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00 – 10:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00 – 11:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00 – 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:00 – 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00 – 2:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00 – 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00 – 4: 00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00 – 5:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please turn in or mail all applications to the ASI Office:**

Attn: Associated Students, Inc.  
 USU Room 316 & 317  
 5280 N. Jackson Ave. MS SU-32  
 Fresno, CA 93740

**Or email a completed copy to:**

Cynthia Dolan  
 Office Manager  
 Associated Students, Inc.  
 cdolan@csufresno.edu

*For Office Use Only*

Date Filed: _____	Reviewer: _____
Follow Up: _____	Personnel Committee Review Date: _____
<b>Personnel Outcome:</b>	
Not Recommended ____	
Recommended to Senate Date: _____ Committee(s): _____	
<b>Senate Outcome:</b>	
Appointed ____ Denied ____ Notified: _____	