



STUDENT APPLICATION

Use this form as a:
Student application to serve on ASI or Campus Wide Committees

Application Date: _____

Personal Information:

Full Name: _____

Student ID Number: _____

Preferred phone: _____ E-Mail: _____

Major: _____ Year in school: _____

Committee Interest:

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

I am interested in serving on the following types of committees:

Associated Students, Inc. (Committees that aid ASI)

Campus Wide (Committees that aid the University)

Academic Senate (Committees that aid academic functions of the University)

What are your interests? Check all that apply:

Activities and Events

Legal

Academics and Research

Parking and Safety

Budget and Finance

Student Life

Campus Planning

Student Health

Information and Technology

Related to My College

Other: _____

I know the specific committee(s) that I am interested in: _____

Signature of Applicant: _____ **Date:** _____

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

	Monday	Tuesday	Wednesday	Thursday	Friday
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. M/S SU-32
 Fresno, CA 93740-8023

Or e-mail a completed copy to:

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

Office Use Only:

Notes:

Date Filed: _____.

Interview Scheduled:
 Date: _____.

Committee Interest:

Committee Appointment Date:

Notified and Confirmed