**Associated Student Organization Officer Application**

# Please return completed application to the ASO Office

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Student ID#:** Click or tap here to enter text. |
| **Mobile#:** Click or tap here to enter text. | **Cell#:** Click or tap here to enter text. |

**Email:** Click or tap here to enter text.

# Please select preferred method of contact: Mobile Home Email

ASO Officers must meet the following eligibility and criteria to be considered for Office in accordance with LACCD Regulation S-9:

* **Be a current student enrolled in a minimum of 5 units per semester while in office**
* **Have earned a cumulative 2.0 GPA or higher in the LACCD**
* **Have earned a 2.0 GPA or higher in your last semester or session in the LACCD**
* **Be a paid ASO member in West Los Angeles College**
* **Have successfully completed no more than 80 degree-applicable units in the LACCD**
* **Not be on academic or progress probation**

**Please indicate the top 3 positions you are interested in: (Rank them 1-3)**

**Joint Council/Executive Positions**

Vice President  Treasurer  Chief Justice  Secretary

\*See advisor/designee for additional needed requirements.

**Student Senate:**

|  |  |
| --- | --- |
| Activities & Planning Senator | Associate Justice (1-6) |
| Athletics Senator | Campus Alterations & Improvements Senator |
| Chief Newsletter Senator | Associate Newsletter Senator |
| Community Relations Senator | Disabled Students Senator |

Health & Safety Senator  Historian Senator

Information-Technology Senator  International Student Affairs Senator

Multi-Cultural Senator  Public Relations Senator

Recruitment Senator  Senator At-Large

State & Government Affairs Senator

**Leadership Information:**

What qualities do you possess that make you a good candidate for the position(s) you are interested in? Attach curriculum vitae/resume.

Click or tap here to enter text.

What are you hoping to accomplish by holding this position?

Click or tap here to enter text.

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: Click or tap here to enter text. Date: Click or tap here to enter text.

For Office Use Only

Current Student: YES  NO

Meets academic standards: YES  NO

Does not exceed 80 Units: YES  NO

Approved  Denied

Advisor/Designee: Click or tap here to enter text. Signature: Click or tap here to enter text. Date: Click or tap here to enter text.