MIAMI-DADE COMMUNITY COLLEGE NORTH CAMPUS

Student Government Association Ambassador Application

Name:		Student ID #:	
Last	First		
Address:			
City	State	Zip Code	
Telephone Number:	Pager/Cell Telephone	Number:	
E-Mail Address:			
Academic Major:	Term:		
Cumulative G.P.A.:	Current Credits Enrolle	Current Credits Enrolled	
Total Credits Completed:	tal Credits Completed: Expected Date of Graduation:		
What can you contribu	ite to S.G.A?		
2. Briefly describe what	you would like to accomplish as	a S.G.A Ambassador?	
3. What other organization	ons are you currently a member o	or an officer of?	
4. Can you perform the f	ive (5) office hours required? Y	or N	
5. Please attach your deg	gree audit/ agis and your availabl	e office hours.	
If you have any questions or co	ncerns, feel free to contact the Student	Government Association at	

(305) 237-1644 or visit the SGA in room 4208-5