MIAMI-DADE COMMUNITY COLLEGE NORTH CAMPUS
Student Government Association
Intern 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 Enrolled _____

Total Credits Completed: _____ Expected Date of Graduation: _____

Please answer the following questions.

1. What can you contribute to S.G.A?
_____
_____
_____

2. Briefly describe what you would like to accomplish as a S.G.A Intern?
_____
_____
_____

3. What other organizations are you currently a member or an officer of?
_____
_____
_____

4. Can you perform the three (3) office hours required? Y or N

5. Please attach your degree audit/ agis and your available office hours.

If you have any questions or concerns, feel free to contact the Student Government Association at (305) 237-1644 or visit the SGA in room 4208-5