		11		
Name:	Last First Student ID #:			
	Last	First		
Address:				
	City	State	Zip Code	
Telephon	e Number:	Pager/Cell Tele	ephone Number:	
E-Mail A	ddress:			
Academic	e Major:	Te	erm:	
Cumulative G.P.A.:		Current Credits F	Current Credits Enrolled	
Fotal Cre	dits Completed:	Expected Date of	Expected Date of Graduation:	
	a swer the following q That can you contribute			
2. Bi	riefly describe what yo	w would like to accomp	lish as a S.G.A Senator?	
3. W	That other organizations are you currently a member or an officer of?			
4. Ca	n you perform the five (5) office hours required? Y or N			
5. P	ease attach your degree audit/ agis and your available office hours.			
If you 1 (305) 2	have any questions or conc 237-1644 or visit the SGA	erns, feel free to contact the s in room 4208-5	Student Government Association at	

MIAMI-DADE COMMUNITY COLLEGE NORTH CAMPUS Student Government Association Senator Application