



DASB Senate Committee Internship Application

The purpose of the DASB Senate Internship is to provide a platform for leadership development in student government for DASB Members. Each DASB Senate Intern must be currently enrolled in **at least eight (8) units (International Students must have at least twelve (12) units)** at De Anza College, have an overall (cumulative) **GPA of at least 2.0**, and be a **DASB Member**. Each DASB Senate Intern shall be a non-voting member of at least one (1) DASB Committee.

Submit this application to the Office of College Life once you have attended the meetings of the DASB Committee(s) you are interested in joining and obtained approval signature(s) from the chair(s) of the committee(s). Once your eligibility has been verified your name will be placed on the Consent Calendar of the following week's DASB Senate Agenda for approval.

PLEASE TYPE OR PRINT CLEARLY

| | | |
|---|----------------------------|---|
| Legal Name: _____ | | |
| First | Middle (<i>OPTIONAL</i>) | Last |
| Preferred First Name: _____ (<i>OPTIONAL</i>) | | |
| Address: _____ | | |
| City: _____ | | ZIP Code: _____ |
| Cell Phone: (_____) _____ | | Home Phone: (_____) _____ |
| Email Address: _____ | | |
| Student ID #: _____ | | What is the best time to reach you? _____ |
| Eight (8) Digit Student ID Number (NOT Nine (9) Digit Social Security Number or Equivalent) | | |

I, _____, certify that all the information I provided on this application is true to the best of my knowledge and that I have read and understand the requirements for qualifications in order to apply as a DASB Senate Intern. In signing this application, I agree to assume responsibility for maintaining enrollment in and completing a **minimum of eight (8) quarter units (International Students must have a minimum of twelve (12) quarter units)** with a **cumulative grade point average of 2.0 or higher**. I understand that if I fail to maintain enrollment in **at least eight (8) quarter units (International Students must have at least twelve (12) quarter units)** in each quarter, excluding summer, then I will not be eligible to continue serving on the DASB Senate and will have a moral responsibility to resign as a DASB Senate Intern. I also understand that my submission of this completed application to the Office of College Life allows the DASB Senate Advisor to review my academic record in order to verify my eligibility to serve in the DASB Senate. Furthermore, there is no guarantee that completion of the eligibility requirements will automatically qualify me as a DASB Senate Intern.

Applicant's Signature

Date: _____

| <u>For Office of College Life Use Only</u> | | |
|--|----------------------|--------------------------------------|
| _____ Current Units | _____ Cumulative GPA | <input type="checkbox"/> DASB Member |
| _____ Office of College Life Staff | _____ Date | |
| <input type="checkbox"/> Cohort Assigned <input type="checkbox"/> SID List <input type="checkbox"/> Contact List <input type="checkbox"/> Mailing List <input type="checkbox"/> Assignments List <input type="checkbox"/> Consent Calendar | | |

