



Letter of Intent

ASCSN Student Government

NAME: _____ / _____ / _____
(Last) (First) (MI)

ADDRESS: _____ / _____ / _____ / _____ / _____
(Street Address) (Apt#) (City) (State) (Zip)

Home: (____) ____ - _____

NSHE# _____

Cell: (____) ____ - _____

Other: (____) ____ - _____

Email: _____

What position on the ASCSN Senate are you seeking to represent? _____

What attributes and qualities can you contribute to the Senate and the continuing growth of student life?

What would you like to accomplish while in Office?

How did you become aware of the open position?

Signature: _____ Date: ____/____/____

AN UNOFFICIAL TRANSCRIPT & A CLASS SCHEDULE **MUST** ACCOMPANY THIS FORM TO BECOME A CANDIDATE. RETURN THIS FORM TO ANY STUDENT GOVERNMENT OFFICE **BEFORE THE DEADLINE.**

Cheyenne Campus
Room #1090

West Charleston Campus
Building "B" Room#102

Henderson Campus
Building "B" Room #130