



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 Senate Committee.

Submit this application to the Office of College Life once you have completed the following:

- Attended at least one meeting of the DASB Senate Committee(s) you are interested in joining
- 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 (*OPTIONAL*)
Last

Preferred First Name: _____
(OPTIONAL)

Address: _____

City: _____ ZIP Code: _____

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: _____

For Office of College Life Use Only

_____ Current Units _____ Cumulative GPA DASB Member

_____ Office of College Life Staff _____ Date

Cohort Assigned SID List Contact List Mailing List Assignments List Consent Calendar

PLEASE TYPE OR PRINT CLEARLY

Legal Name: _____
 First Middle (optional) Last

Preferred First Name: _____
(OPTIONAL)

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email Address: _____

Major: _____

When are you planning to stay at De Anza till? (mm/yy) _____

How did you hear about the DASB Senate Internship Program? Please specify. _____

Please state briefly the reason(s) why you are interested in joining the DASB Senate Internship Program.

What do you hope to get out of the DASB Senate Internship Program?

What do you hope to bring to the DASB Senate as a DASB Senate Intern?

DASB Senate Committee(s) you are applying as a DASB Senate Intern for:

_____ Committee

_____ Committee

_____ Committee

_____ Signature of Committee Chair

_____ Signature of Committee Chair

_____ Signature of Committee Chair