

ASMCC Independent Senator Activity Declaration

Name: _____

Semester: _____/20____

Phone

Email

Senate Participation:

I have read and understand the Terms and Conditions of Senate Participation and further understand that, by signing below, I give consent for the Student Government to verify my academic standing at MCC, and, if applicable, at my previously attended institution(s).

By signing below I certify that all above information is correct and accurate to the best of my knowledge.

Signature: _____

Senator

Senator Student ID#

Certificate of Independent Senator Appointment

This is to certify that on the _____ day of _____, 20____ was duly appointed by the Executive Vice President and confirmed by the ASMCC Student Senate beginning _____.

By order of,

Executive Vice President, David Perry

Senate Vote: ____/____

