Student Senate Appropriations Committee

Nomination Request Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year:

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email

I have read and understand the Constitution and Bylaws of ASMCC Student Government. Furthermore, I understand role and duties of the Student Senate Appropriations Committee and its membership. I hereby commit to remain objective throughout the appropriations review process and uphold the independent nature of the Appropriations Committee.

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Signature Student ID#

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**Certificate of Appropriations Committee Appointment**

This is to certify that on the \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was duly appointed by the Executive Vice President and the ASMCC Student Senate to the Student Senate Appropriations Committee.

By order of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adilene Lizarraga, ASMCC Executive Vice President

Senate Vote: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_