



Student Senate Officer Nomination Form

Nominee Information

Name: _____ G#: _____

Phone: _____ Email: _____

The nominee listed above has the potential to be an outstanding student leader and has demonstrated the following skills (Please check all that apply):

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Team work | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Critical thinking | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Hard working | <input type="checkbox"/> Knowledge of Skyline College |
| <input type="checkbox"/> Other _____ | | |

Comments:

Faculty / Staff Member Information

Name: _____

Extension: _____ Email: _____

Signature: _____ Date: _____

Please submit this form to the Student Activities Office, Room 6212, by Friday, April 23, 2010.

Call the ASSC Governing Council at 650-738-4327 if you need additional information.