Return completed application by 5:00 p.m. on Wednesday, March 10, 2010 to the Student Union Information Desk.

**PART 1 – CANDIDATE INFORMATION**

First Name: ___________________________  Last Name: ___________________________

Major: ___________________________

CSU Channel Islands Email Address: ___________________________@dolphin.csuci.edu

Year in School: ☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Post-Baccalaureate

**PART 2 – ELIGIBILITY VERIFICATION**

*For each question, please check one box. If you answer “No” to any of the questions below, please do not proceed as you are ineligible for appointment as an ASI officer.*

1. Are you considered in GOOD STANDING with the University (not on academic or disciplinary probation) and do you understand you must be in GOOD STANDING to serve as an ASI officer?
   - ☐ Yes
   - ☐ No

2. Do you have a minimum 2.5 cumulative and semester GPA?
   - ☐ Yes
   - ☐ No

3. Are you aware that you must maintain a 2.5 cumulative and semester GPA while in office?
   - ☐ Yes
   - ☐ No

4. Will you be a continuing student through the Spring 2011 semester?
   - ☐ Yes
   - ☐ No

5. Are you aware you must be enrolled in a minimum of six (6) units per semester while in office?
   - ☐ Yes
   - ☐ No

**PART 3 – ASI POSITION AND PLATFORM**

**Position:** Please select the elected office you are seeking and note you cannot run for or be elected to more than one position.

**ASI Board Member:**
- ☐ Two-year term
- ☐ One-year term

**Student Government:**
- ☐ President (cannot be enrolled in more than 17 units while in office)
- ☐ Vice President (cannot be enrolled in more than 17 units while in office)
- ☐ Senator

**Platform:** All candidates running for an ASI office are encouraged to submit a platform in electronic format to christine.m.thompson@csuci.edu. Platforms must be limited to 350 words for students running for Student Government President and Vice President and 250 words for students running for Student Government Senator or ASI Board member positions. These platforms will be posted to the ASI website and electronic ballot.
PART 4 – IMPORTANT DATES

ASI Declaration of Candidacy due:
Wednesday, March 10 at 5:00 p.m. at the Student Union Information Desk

Mandatory meeting for all candidates (pick one):
Thursday, March 11 at noon in the Student Union Conference Room
Friday, March 12 at noon in the Student Union Conference Room

ASI election campaign:
Monday, March 29 – Wednesday, April 14

ASI election question and answer sessions:
Tuesday, April 6 at noon at the Student Union Platform
Wednesday, April 7 at noon at the Student Union Platform

ASI elections:
Tuesday, April 13 starting at 8:00 a.m. to Wednesday, April 14 ending at 8:00 p.m.

ASI Board meeting – introduction of newly elected ASI officers:
Wednesday, May 19 at 8:00 a.m. in the Student Union Conference Room

PART 5 – APPLICANT ACKNOWLEDGMENT
I hereby acknowledge that I have read, understand and will comply with the ASI Election Code, the Campus Posting Guidelines, Minimum Requirements for Student Office Holders, Student Code of Conduct and Campus Policies. I understand that to violate any section of these may mean automatic disqualification and deletion from the ballot. Further, I acknowledge I have read and fully understand the duties and responsibilities of the office for which I am running and am aware of the important dates listed above.

Signature: ________________________________ Date: ________________

PART 6 – ACADEMIC INFORMATION DISCLOSURE AND RELEASE
I hereby acknowledge that in order to be a candidate/nominee/appointee, or to hold any position within Associated Students Inc., I must undergo compliance and eligibility checks pursuant to the ASI Election Code and policies of CSU Channel Islands and the State of California. With my signature, I verify all information on this Declaration of Candidacy form to be accurate and true. Please note all information in this section will be kept confidential.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, and the Statement of Student Rights and Responsibilities of CSU Channel Islands, my signature gives permission to CSU Channel Islands to release the academic information listed on the Declaration of Candidacy to the ASI executive director or designee.

Signature: ________________________________ Date: ________________
Student ID Number: ________________________________ Date of Birth: ________________
Home Phone: ________________________________ Cell Phone: ________________________________
Mailing Address: ________________________________

ASI OFFICE USE ONLY
This is to certify the applicant is a member in good standing with CSU Channel Islands and eligible to be a candidate for the office.
☐ Eligible  ☐ Ineligible  ASI Executive Director: ________________________________ Date: ______