2018-2019 ALSCC Officer Application
College of Agricultural and Life Sciences
University of Florida

First Name: ____________________________  Classification: ____________________________
Last Name: ____________________________  Expected Graduation: ______________________
UF ID: ________________________________  UF GPA: ________________________________
UF Email: ______________________________  Major: _________________________________
Phone: ________________________________

Why do you want to hold this office?

What are your goals for CALS students and student organizations for the upcoming year?

If elected, how will ALSCC rank on your list of priorities?