**CALS Reps Application – Due Monday October 17th, 2011** (Email applications to Erica Campbell at [elcampbe@uvm.edu](mailto:elcampbe@uvm.edu))

**\*CALS MAJORS ONLY\* \**MINIMUM* 2.5 GPA\***

Applicant Information:  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Minor:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_  
Class Standing: Please circle one.

First-year        Sophomore         Junior               Senior  
  
Expected graduation date (month and year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Local Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Town/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
What would you personally contribute to the CALS REPS group? And why do you want to be a CALS Rep?  
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Contract:  
1. CALS REPS have regular ***mandatory*** meetings every Friday/every-other Friday from 4-5 pm. Note: We will consider changing the meeting time, if there is another common time that works for all/majority of the Reps.  
  
2. CALS REPS Training is on **Sunday October 23rd 2011**. This is a mandatory event that all members must attend in full (only valid excuses approved by the CALS REPS Advisor will be accepted).   
  
3. CALS REPS speak at admitted student visit (ASV) days on Monday and Friday mornings in the Spring from 8-10am. CALS REPS must be able to attend ***at least 2*** ASV days in order to participate in the CALS REPS program (exceptions only for class conflicts).

4. CALS REPS along with the CALS Dean’s office will be piloting a new class this spring for CALS transfers. CALS REPS must actively participate in this process.

I have read, understand, and agree to the above statements. I attest that the information in this packet is true to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_