

Student Government Association

University Senate Application

Please print or type

Name: _____ Date: _____

Term: _____

Campus Address: _____

Campus Phone: _____

Home Address: _____

Home Phone: _____

Email: _____

Circle Year: 1 2 3 4 5+ Graduate

Year and Semester of Graduation: _____

Number of Hours Completed: _____

GPA: _____

Major(s): _____

Minor(s): _____

Please answer the following questions on a separate sheet of paper.

Why do you feel that you are qualified for this position and what do you want to accomplish?

Do you have any specific experiences that would qualify you for this job?

If you choose, feel free to provide any additional information you would like for us to consider.

Student Requirements

Students must meet the Following requirements to be considered eligible for a Senate Seat:

Be able to attend Senate meetings the third Thursday of every month from 4:00p.m.-5:20p.m..

Must not be on academic probation with the University

**Applications must be turned into the Student Government Association office,
Student Center 223.**

Student Government Association

Application Receipt

Please print or type

Name: _____

Date Received: _____ Received By: _____

Time Received: _____ Processed By: _____

Credentials Board Chair: _____ Approved: _____ Rejected: _____

Board Member: _____ Approved: _____ Rejected: _____

Board Member: _____ Approved: _____ Rejected: _____

Board Member: _____ Approved: _____ Rejected: _____

Board Member: _____ Approved: _____ Rejected: _____

Transcript Release Form

Please print or type

So that the Student Government Association Credentials Board may properly verify that a Student Government official meets requirements for the office, I _____, Student ID # _____ - _____ - _____, Herby authorize that my transcript be released to the Secretary of the Student Government Association in order to aid them in their decision.

Signature

Verification Statement

Please Print or Type

I, _____, verify that all of the information and responses written on this form are correct and true. I understand that if information on this form is found to be inaccurate, that I may be considered ineligible for this position.

Signature

Student Government Association

Student Government Association Nomination Petition Form

Candidate Name: _____

Office Sought: _____

Name: _____ Phone: _____ School _____

Address: _____

Name: _____ Phone: _____

School Address: _____

Name: _____ Phone: _____

School Address: _____

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