Student Government Association
Application for the position of
Justice
2009-2010

Name: __________________________________________________________________

Last                First               Middle
Campus Box: ________________________ Campus Phone________________________
Home Address: ___________________________________________________________
Classification: FR    SOPH    JR    SR
Campus Involvement: _______________________________________________________
____________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please Explain why you desire to be a Justice and what goals do you wish to accomplish
as a member of the Judiciary Branch of the SGA:
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
What qualities do you posses that would assist you in carrying out these goals?
________________________________________________________________________
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________________________________________________________________________
Would you be willing to serve on an SGA Committee such as the Blood Drive or
Homecoming Committee? If so, please list any preferences.
________________________________________________________________________

SGA...Leading the Way!
What makes you able to give fair and consistent verdicts in judicial cases?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What do you feel is SGA’s role in a student’s life?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student Number: __________________  Grade Point Average: ________________
I hereby give the SGA Executive Board the permission to verify my cumulative GPA and understand this information will remain confidential.

___________________________________________
Signature

___________________________________________
Date

Due By March 12, 2009 in the Student Life Office, TMB 4th Floor

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