

SGA Executive Officer or Senate Application

Must be completed in full

Full Name: _____
Last First Middle

SGA Position Sought: _____

Campus Box: _____ Campus Phone: _____ Cell Phone: _____

Home Address: _____

Classification: _____ Campaign Manager: _____

E-mail: _____ Campaign Manager Phone _____

(1)Campus Involvement: (May be published)

(2)Why do you seek this position? (May be published.)

(3)What are your qualifications? (May be published.)

The following information will be kept confidential.

Student Number: _____ Grade Point Average: _____

I hereby give the SGA Elections Committee permission to verify my cumulative G.P.A. and understand that this information will remain confidential.

Full Signature

Date

Applications due by 4:30 p.m. February 5, 2009. A mandatory campaign meeting will be held at 3:00p.m. on February 6, 2009 in the TMB Auditorium. If you or your campaign manager do not attend, you will be unable to run for your position.

We the Undersigned Believe that _____ is Qualified and has the Ability to be Elected to the Position of _____.

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