

Student Government Association Candidate Application Form

Name: _____ Student ID#: _____
(As you wish it to appear on the ballot)

Local Mailing Address: _____

Email Address: _____ Hometown: _____

Phone Numbers: (Home) _____ (Cell): _____

Class Status: Senior _____ Junior _____ Sophomore _____ Freshman _____

Major: _____ Cumulative GPA: _____
Minimum: 2.5 for officers & 2.0 for senators

Please check one of the following:

OFFICER POSITION:

- _____ President
- _____ Vice President
- _____ Treasurer
- _____ Chief Justice
- _____ Attorney General

SENATE POSITION:

- _____ College of Allied Health
- _____ College of Arts and Sciences
- _____ College of Business
- _____ College of Computer and Informational Sciences
- _____ College of Continuing Education
- _____ College of Education
- _____ College of Engineering
- _____ College of Medicine
- _____ College of Nursing
- _____ Student At Large

I hereby authorize the SGA Elections Committee to publish my pictures and biography in *The Vanguard* and/or on the Internet, verify my GPA, credit hours completed, and enrollment in a particular college, as applicable to my qualifications for candidacy in this election.

Student Signature: _____ Date: _____

**PLEASE SUBMIT APPLICATION TO THE SGA OFFICE,
STUDENT CENTER ROOM 280.**