



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Student Government Association Senator Application

Date: _____

Candidate's Full Name: _____
(First) (Middle) (Last)

Student ID Number: _____

Classification (circle one): Freshman Sophomore Junior Senior

Major: _____

Telephone Numbers: _____ (Home) _____ (Mobile)

Home Address: _____
(Street) (City) (State) (Zip)

Campus Address: _____

E-mail Address: _____

Hometown Newspaper: _____

How many academic hours have you completed? _____

How many semesters have you attended ABAC? _____

What is your current G.P.A.? (*Must be 2.0 or higher*) _____

Previous experiences from high school or college:

State your reason(s) for seeking the position of SGA senator:

Please use one word that you consider accurately describes yourself: _____

This is to certify that I, _____, plan to be a full-time student at ABAC for the full academic year of _____. I further agree to conduct my election campaign according to the procedures as set forth by the Student Handbook and the election rules as stated in the SGA constitution and by-laws. I have read the constitution and by-laws (found on the SGA website) and understand the duties associated with this position. I also agree to pay any fines, which may be imposed by the Elections Committee for my violation(s) of the election rules, whether elected or not.

Signature of Candidate

Approved (SGA Elections Committee Chair)