Albany State University

University System of Georgia

Division of Enrollment Management and Student Affairs

Student Government Association

Application for Student Senator

Date_____/_____/_____		*Semester Term* □ Fall □ Spring Year_____

General Information (*Please complete all information*)

*Name*_____   *Classification*_____

First   M.   Last

*RamID*_____   *Date of Birth* _____/_____/_____

*Major*_____   *Minor*_____

*Expected Graduation*_____   *Cumulative GPA*_____

A 2.5 GPA is mandatory for eligibility

Local Address _____   *P.O. Box* _____   *Apt.* _____

City _____ *State* _____ *Zip Code* _____   *Phone*: (   ) _____

*ASURams Email Address*_____   *Cell*: (   ) _____

Permanent Address _____   *P.O. Box* _____   *Apt.* _____

City _____ *State* _____ *Zip Code* _____   *Phone*: (   ) _____

(*Continued*)

Campus Involvement

(List any previous involvement in student organizations or campus activities.)

Organization	Office (s) held	Year

Organization	Office (s) held	Year

Organization	Office (s) held	Year

Organization	Office (s) held	Year

(Continued)

References (*Please fill out information completely*)		
Name	*Address*	*Phone*

Academic Schedule (Spring 2007 Semester)

Course	Time	Date	
		□M □ T □ W □R □ F □ S	
Course	**Time**	**Date**	
		□M □ T □ W □R □ F □ S	
Course	**Time**	**Date**	
		□M □ T □ W □R □ F □ S	
Course	**Time**	**Date**	
		□M □ T □ W □R □ F □ S	
Course	**Time**	**Date**	
		□M □ T □ W □R □ F □ S	
Course	**Time**	**Date**	
		□M □ T □ W □R □ F □ S	
Course	**Time**	**Date**	
		□M □ T □ W □R □ F □ S	

Signature of Applicant:	Date		

Office Use Only: