

Candidate Application

SGA Executive and Senate Offices

SGA Position desired: _____

Name (please print): _____
Last First Middle

Address: _____

Telephone Number: _____ Student ID Number _____

Current SGA Card Number _____

My signature below authorizes the checking of my academic standing to verify eligibility to hold office.

Signature Date

For Office Use Only

Student eligibility to hold an SGA office:

Date/Time received _____ Secretary _____

SGA Card _____ G.P.A _____ Units _____
Yes No Yes No Yes No

Eligible _____ Secretary _____
Yes No

Candidate Petition

SGA Executive Offices

Candidate Name: _____

Position Campaigning for: _____

	NAME (printed)	Signature	Last 4 digits of Social Security Number or Student ID Number
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Last 4 digits of Social Security Number or Student ID Number is for verification of enrollment only, all information given will be destroyed after verification.