



Minnesota State College Student Association

MSCSA Eligibility Form

I, _____ (print name) authorize _____ (school name) to complete this form and forward the information provided to the Minnesota State College Student Association, Inc. in the care of Justin Klander, 1515 Robert Street South, West St. Paul, MN 55118 or via fax at 651-215-1862.

Sincerely,

(Student Signature)

(Student Position)

(Date of Request)

To whom it may concern:

In order to participate in the Minnesota State College Student Association as an officer the student must maintain these standards:

1. Has the student earned a current cumulative grade point average of at least 2.0?

Yes No

2. Is the student enrolled in at least six (6) semester credits for the current semester?

Yes No

(College Representative Printed Name)

(Title)

(College Representative Signature)

Date

Thank you for your assistance.

Driving Change in Higher Education

651.297.5877 | www.msca.org
1515 Robert St. S. | West St. Paul, MN 55118