



**Student Government Association
Senator Application**

Please type or print clearly.

Name _____ Student ID# _____

E-mail _____ Age _____ Sex _____

Cell Phone # _____ Campus PO # _____ Date of Birth _____

Local Address _____

Home Address _____

Classification _____ Major _____ Hours Earned _____ GPA _____

Expected Date of Graduation _____ How many semesters have you served on senate? _____

Other Campus Activities _____

Why do you want to be on SGA? _____

Why do you think you should represent your class on SGA? _____

What are your skills that you could offer SGA and our student body? _____

I authorize that Student Life Personnel (non-students) can verify that I am eligible to be a senator by checking my GPA. I also give permission for my name and picture to be used for publicity purposes.

Signature of Applicant

Date