

Student Government Association Candidacy Form

Name:

U-Number:

College of your major:

Credit hours:

Office you seek:

Party affiliation:

By signing below, I affirm that I meet the requirements for this office as specified in the SGA Constitution, and I agree to release my grade point average to the office of the Dean of Students and to the SGA Executive Council now, through the election, and for the duration of my term of office.

Signature:

Date: