



LEADERSHIP | INTEGRITY | DEDICATION

SGA Application / Interest form

First name: _____

Last name: _____

Student ID: _____

Telephone: _____

Email: _____

*Why would you like to become a senator with the Student Government Association?

*How will you contribute to the student voice on campus?

*What is the most pressing student issue?

*What is the best day / time for meetings – when are you available?

*How did you hear about SGA?
