

SELF NOMINATION FORM

Student Association Fall Elections (Please Print Clearly)

Name:		(1 ic.		, ,		
Local Address:				-		
Permanent Addres	ss:			-		
Telephone Numbe	r:			_		
E-mail Address:				_		
Student ID Number:			Class Yea		ear:	
	**	Please select the living	area that you	will be	e representing **	
Please Note: Yo	u can	only represent the are Senator Seat an	-	-	u CANNOT run for both a or Seat	ın At-Large
	0	Indian Quad		0	Alumni Quad	
	0	State Quad		0	Empire Commons	
	0	Colonial Quad		0	Freedom Apartments	
	0	Dutch Quad		0	At - Large	
I understand that the Stu	dent As	ssociation reserves the right to p	Loublish any informati	ion on th	ne ballot except for the Student ID) number.
considered a neglect of d considered a neglect of n am a student during my t	uties. If ny dutie erm of	f I cease to be a student during es and shall be grounds for my r	my term of office, I s emoval from office. I am not a student, th	hall resig give pei is inform	ice and failure to remain a full tim gn my position. Failure to resign si rmission to the student Associatio lation will be forward to the Stude e Court.	hall also be on to verify that I
and/or the Student Associ I understand that if I am for candidacy if my GPA i	iation l on acad s below	egal services attorney for verific lemic/judicial probation at the U	cation that I am not o Jniversity, I will not b n the 600.0 policy. I	on acade oe placed understa	of Operations, Student Involveme emic probation/judicial probation d on the ballot. I understand that and that I will be responsible for th	at this University. I will be eligible
The above is true to the b	est of i	my knowledge				
Signature					Date	

This form must be completed and turned in to the Student Association office (Campus Center $\,$ 116) BY WEDNESDAY, September $\,$ 10 th at 4:55 PM