



**STUDENT GOVERNMENT**  
INDIANA UNIVERSITY EAST

2011-2012 APPLICATION

Name: \_\_\_\_\_  
Last First M.I.

*Please print clearly or type* Date: \_\_\_\_\_, 20 \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_

Local phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Phone at permanent address: \_\_\_\_\_

Current address: \_\_\_\_\_

Permanent address (if different): \_\_\_\_\_

Student ID #: \_\_\_\_\_

2011-2012 Class Standing:  Grad  Sr  Jr  So  Fr Expected date of graduation: \_\_\_\_\_

Class credits this semester: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Declared Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

*Please indicate two full-time faculty members who have first-hand knowledge of your campus involvement and/or work experience:*

Name	School	Extension

Name	School	Extension

*Please answer the following questions. (Please use additional paper for response.)*

1. Why are you interested in serving on the Student Government Association?
2. What would you like to see SGA accomplish?
3. Please describe, in detail, skills you have, or classes you have taken, that would allow you to better represent your school.
4. Please list any campus or community activities that you are/have been involved in (including honors, awards and/or scholarships that you have received).

What is your time availability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Student Government Association mission:***

The Student Government Association serves to promote student interests, needs and welfare within the University community; to foster relationships between the learners, the faculty, and the administration; to ensure a positive campus environment; to provide for the expression of student opinion and interests to the community at large on issues affecting student life; to provide a unified voice for the Student Body; and to provide a physical and social environment in which to achieve the above objectives in accordance with the educational and cultural standards of the University.

***Minimum requirements:***

1. Must be enrolled for a minimum of 6 credit hours per semester during Fall and Spring semesters.
2. Must have and maintain at least a cumulative 2.5 GPA.

*By signing below I acknowledge that I understand and accept the above mission and minimum requirements. I certify that the information on this application is accurate to the best of my knowledge. I understand that the information on this form will be made available to the IUE Staff and SGA members.*

*I hereby request that the Registrar's Office release my cumulative GPA and the number of credit hours that I am attempting this semester, when required by SGA. I understand that the Registrar may release the information at any time and that this release will remain in effect until I request, in writing, that it be cancelled, or when my appointed term has expired.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed application to the Office of Campus Life (Springwood, Room 107) by Monday, March 28<sup>th</sup> at 5:00pm.