



Sam Houston State University

Student Government Association

P.O. Box 2476 Huntsville, TX 77341 Phone: (936) 294-1933 www.shsu.edu/sga Email: sga@shsu.edu

Election Application

Name: _____ Sam ID: _____
Phone #: _____ SHSU Email: _____
Graduation Date: _____ Major/Minor: _____

Executive Position Sought

To be eligible for President or Vice President you must be able to complete the full term

- | | |
|-----------------------------------------|-----------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Chief of Staff |
| <input type="checkbox"/> Secretary | |

Senate Position Sought

- | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> College of Education | <input type="checkbox"/> College of Humanities and Social Sciences |
| <input type="checkbox"/> College of Business | <input type="checkbox"/> College of Health Sciences |
| <input type="checkbox"/> College of Criminal Justice | <input type="checkbox"/> College of Osteopathic Medicine |
| <input type="checkbox"/> College of Sciences and Engineering Technology | <input type="checkbox"/> Graduate Student |
| <input type="checkbox"/> College of Arts and Media | |

Dean of Students' Office Verification

The above candidate has met the SHSU SGA GPA requirements and is free of academic and disciplinary probation.

DOSO Representative: _____ Date: _____

Approval of Candidacy

As Election Coordinator, I affirm that this candidate has fulfilled all requirements deemed necessary by the SGA Constitution.

Election Coordinator: _____ Date: _____

Ticket Information

If you plan to run on a ticket of any size, please list all members below. ***All campaign items must have a ticket name on them or each individual member's name to be able to pool funds. ***

Campaign Staff

List all campaign staff that will be assisting with any campaign tasks. ***All SGA Election Code rules apply to these individuals as well ***

By signing this document, I confirm that all information provided is correct and that I will uphold all requirements given to me by the SGA Election Code.

Application Signature:_____

Date:_____

DOSO/ President Signature:_____

Date Received: _____