Student Government Association

Application for the position of

Student Judiciary Advocate

Name: _____

Last First Middle

Cell Phone Number: _____ Email: _____

Classification: FR SOPH JR SR

Campus Involvement: _____

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_____

Why are you interested in this position?

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What qualities do you possess that will help you to excel as Student Judiciary Advocate?

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_____

Student Number: _____ Grade Point Average: _____

I hereby give the SGA Executive Board the permission to verify my cumulative GPA and understand this information will remain confidential.

_____ _____

Signature Date