

# Student Activities Board

Committee Membership Application

**Due by 5PM, Wednesday, October 13<sup>th</sup>**

|  |                 |                |
|--|-----------------|----------------|
| <b>Name:</b>   | <b>T#:</b>      |                |
| <b>Current Address:</b>  |                 |                |
|  | <b>E-mail:</b>  |                |
|  | <b>Phone#:</b>  |                |
| <b>Program of Study at ATU-OC:</b>   |                 |                |
| <b>Is your cumulative G.P.A. a minimum of 2.25? (if applicable)</b>  | <b>Yes</b> ____ | <b>No</b> ____ |
| <b>Are you on disciplinary probation?</b>  | <b>Yes</b> ____ | <b>No</b> ____ |
| <b>What other organizations in or outside ATU-OC have you been involved in?</b>  |                 |                |
|  |                 |                |
| <b>Were you in a leadership position within any of the organizations? If so, please briefly explain your role?</b>   |                 |                |
|  |                 |                |
| <b>When do you plan to graduate ATU-OC?</b>  |                 |                |
| <p>I do hereby declare my intention to run for membership of the Student Activities Board committee under the direction of the Student Government Association at Arkansas Tech University-Ozark Campus. I give my permission for the Office of Student Services to release verification that G.P.A requirements and qualifications have been met to the Student Government Association. I further understand and agree to attend the 1<sup>st</sup> and 3<sup>rd</sup> Monday SGA meetings at 4 p.m. <b>Applications for membership are due Wednesday, October 13<sup>th</sup> by 5 p.m. in the Student Services Office and Selection will be held October 14<sup>th</sup>.</b> If have any questions regarding the process email either SGA President, Dani Stark, at <a href="mailto:dmitchelle@atu.edu">dmitchelle@atu.edu</a> or SGA Vice President, Laura Heffington, at <a href="mailto:lheffington@atu.edu">lheffington@atu.edu</a> or Faith Johnson, SGA Advisor, at <a href="mailto:fjohnson5@atu.edu">fjohnson5@atu.edu</a>. Signing in the box below verifies that you have read and understand this form, agree to the conditions of application, and that all information provided is accurate.</p> |                 |                |
| <b>Signature:</b>  | <b>Date:</b>    |                |

**Application should be turned in to the Office of Student Services no later than 5 p.m. on Wednesday, October 13, 2010**