

Student Activities Board

Committee Membership Application

Name:	T#:	T#:	
Current Address:			
	E-mai	E-mail:	
	Phone	Phone#:	
Program of Study at Arkansas Tech-Ozark:	l .		
Is your cumulative GPA a minimum of 2.25? (if applicable)		Yes	No
Are you on disciplinary probation?		Yes	No
What other organizations in or outside Arkansas Tech-Ozark have you been involved in? Were you in a leadership position within any of the organizations? If so, please briefly explain your role?			
When do you plan to graduate Arkansas Tech-Ozark?			
I do hereby declare my intention to run for membership of the University-Ozark Campus. I give my permission for the Office requirements and qualifications have been met to the SAB advi Wednesdays at 3 p.m. Applications for membership are due Friand selection will be held Sept. 30 through Oct 4. Students that questions regarding the process email Faith Johnson, SGA Staff A verifies that you have read and understand this form, agree to the coraccurate.	of Stude sor. I furt day, Sept. have appl dvisor, at	nt Services to relection to the understand and 27, by 5 p.m. in the ied should campaig fjohnson5@atu.edu	ease verification that GPA d agree to attend meetings he Student Services Office, on for elections. If have any 1. Signing in the box below
Signature		Date	

Application should be turned in to the Office of Student Services no later than 5 p.m. Friday, Sept. 27, 2013.

