

Application for OPSU Student Senator

Academic Year: 20__-20__ Date filed: ___/___/___ Date Sworn In: ___/___/___

Full Name: _____
 Phone: (____) _____ - _____
 Email: _____ Shirt Size: _____
 Major: _____

Qualifications:

1. Enrolled with 12 credit hours
2. Other than first semester Freshman, possess a minimum cumulative GPA of 2.0

Classification (Circle one based on your number of credit hours)

Freshman Sophomore Junior Senior

I am filing for the office of Student Senator representing: (Choose only those that apply)

___ Academic Area

Animal Science	Business Administration	Health & Physical Education	Music	Accounting
Agronomy	Computer Information Systems	Behavioral & Social Sciences	Science	Education
Agriculture	Industrial Technology	Communication & English	Mathematics & Physics	Fine Arts
				Nursing

Qualifications Verified: _____
 Department Head or School Dean

*By signing this form, you certify that the person named above meets the qualifications listed at the top of this form. If more than one student meets these qualifications the Student Government will provide an election to choose the Senator.

___ Residence Hall Living Unit (Circle One)

Holter Hall- South Wing/ Women's Married Student Housing	Holter Hall- North Wing/ Men's Aggie Apartments Off Campus Housing	Field Hall Aggie Annex
--	---	---------------------------

Qualifications Verified: _____
 Residential Life Coordinator

*By signing this form, you certify that the person named above meets the qualifications listed at the top of this form. If more than one student meets these qualifications the Student Government will provide an election to choose the Senator.

___ Class (Circle One)

Freshman Sophomore Junior Senior

Qualifications Verified: _____
 Student Association Advisor

*By signing this form, you certify that the person named above meets the qualifications listed at the top of this form. If more than one student meets these qualifications the Student Government will provide an election to choose the Senator.

___ Campus Organization

 Organization Faculty Advisor

 Name of chartered Campus Organization

*By signing this form, you certify that the person named above meets the qualifications listed at the top of this form and that they have been elected to the office of Student Senator by a majority vote of the indicated organization's membership.