

Application for OPSU Student Senator

Academic Year: _____ Date filed: _____ Date sworn in: _____

Full name _____

Phone (____) _____ Phone (____) _____

Student Email _____ Shirt Size _____

Major _____ Minor(s) _____

Classification (circle one based on your number of credit hours):

Freshman Sophomore Junior Senior

Qualifications:

1. Be an association member enrolled in at least 12 hours
2. Other than first semester Freshmen, must possess a minimum cumulative GPA of 2.0
3. If representing an academic area, housing unit, or class, be officially listed as a major in the department, resident of the living unit, or officially classified as a member of the represented class based on hours

I am filing for the office of Student Senator representing: (choose only those that apply) _____ Academic Area

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

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 and that they have retained the support, in writing, of at least twenty-five students at OPSU. In the event that more than one student meets these qualifications, the Student Association will provide an election to choose the Senator.

Residence hall living unit (circle one)

Holter Hall—South Wing	Field Hall
Holter Hall—North Wing	Married Student Housing
Aggie Apartments	Off campus housing
Franklin Hall	

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 and that they have retained the support, in writing, of at least twenty-five students of OPSU. In the event that more than one student meets these qualifications, the Student Association will provide an election to choose the Senator.

Class (circle one)

Freshman Qualifications verified: _____

Sophomore Student Association Advisor *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 retained the support, in writing, of at least twenty-five students at OPSU. In the event that more than one student meets these qualifications, the Student Association will provide an election to choose the Senator.

Junior

Senior

Campus Organization(s)

Name of chartered Campus

Organization _____

X _____

Organization Faculty Advisor(s) *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.

