

2025-2026 TUSKEGEE UNIVERSITY SGA APPOINTED POSTIONS APPLICATION



PLEASE COMPLETE THIS APPLICATION IN ITS' ENTIRETY WITH ALL REQUIED DOCUMENTS ATTACHED. ANY PARTIALLY COMPLETED APPLICATIONS WILL NOT BE REVIEWED BY THE ELECTIONS COMMITTEE.

THIS APPLICATION MUST BE SUBMITTED TO THE OFFICE OF STUDENT LIFE AND DEVELOPMENT (TOMPKINS HALL SUITE 400) BY APRIL 16, 2025 BY 4:00 P.M. CST.

I. GENERAL INFORMATION

FIRST NAME, MIDDLE INITIAL, AND LAST NAME: _____

STUDENT ID #: _____ CLASSIFICATION: _____

MAJOR: _____

LOCAL ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

HOME ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

STUDENT E-MAIL ADDRESS: _____ CELL PHONE #: _____

II. POSITION DESIRED (CHECK ONLY ONE)

EXECUTIVE SGA: ____ Events Coordinator

SGA APPLICATION ATTACHMENTS:

III. UNOFFICIAL TRANSCRIPT (Please attach with application.)

IV. LETTER OF RECOMMENDATION (Please attach with application.)

1. Reference Name: _____ Relation: _____

I agree to abide by all election rules and hereby give the Election Committee the right to verify my eligibility.

Signature: _____

DO NOT WRITE BELOW THIS LINE. THIS IS FOR OFFICIAL OFFICE USE ONLY.

GPA _____ CREDIT HOURS _____ ELIGIBLE _____ INELIGIBLE _____