

MORRISVILLE STATE COLLEGE
Student Government Organization
(315) 684-6246

Candidate for Office Petition

NAME (Print): _____
Last First M.I.

ADDRESS: _____
Residence Hall Room if on campus/Mailing Address if off campus

TELEPHONE: _____

E-MAIL: _____

CHECK ONE:

- _____ President
- _____ Vice President
- _____ Campus Activities Board Chairperson
- _____ Public Relations Director
- _____ Director of Budgets
- _____ Secretary

REQUIREMENTS: The fifty (50) signatures of registered Morrisville State College students with the last three (3) digits of each student's M number shall be needed on the reverse of this application before acceptance as a candidate for the office of one of the above for the Student Government Organization (S.G.O.).

Applicant's Signature Date

EAP Committee Chairperson Date

EAP Approval _____

Signature

Last 3 digits of M#

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