

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 : _____

CHECK ONE:

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

NOTE: The signatures of registered Morrisville State College students 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.).

REQUIREMENTS: See attached.

Applicant's Signature Date

EAP Committee Chairperson Date

EAP Approval _____

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