

Read Carefully and Sign

I, _____ hereby certify that I plan to attend The State University of West Georgia as a full time student for the academic year of _____. I further understand that I must meet all requirements found in the SGA Constitution, By-Laws, and Election Statutes. I also herein certify that I will conduct my election in accordance with guidelines established by the school and/or the Student Government Association.

Additionally, upon signing I give permission to the Office of Student Activities to access my academic record for the purpose of determining my eligibility for the position for which I have applied.

_____/_____
Signature of Candidate Date Signed