



Student Government Association Senator/Representative Application

Student Center 215 (*Midtown Campus*)
Western Connecticut State University
Danbury, CT 06810

GENERAL INFORMATION

Student ID Number _____

Name _____
Last First Middle Initial

Date of Birth _____

Present Home Address _____
Street City State Zip Code

On Campus Address (*if applicable*) _____ WCSU E-Mail: _____

Mobile Telephone _____ Expected Graduation Date _____

School _____ Major _____

POSITION INFORMATION

Position(s) Applied For: *SGA Senator* *SGA Representative*

Have you ever applied for appointment to the WCSU SGA before? Yes No

Have you ever been a WCSU SGA Senator? Yes No If yes, give date _____

Have you ever been a WCSU SGA Representative? Yes No If yes, give date _____

SGA SENATOR OBLIGATIONS

SGA REPRESENTATIVE OBLIGATIONS

Weekly Office Hours: **3** (*minimum*)

Weekly Office Hours: **2** (*minimum*)

Committee Appointments: **2** (*minimum*)

Committee Appointments: **1** (*minimum*)

SGA Event Attendance: **4** (*minimum*)

SGA Event Attendance: **2** (*minimum*)

SENATORS: Attend every SGA Senate Business Meetings: **Meetings are every Friday from 9:30AM-11:00AM**

Are you currently employed? Yes No

Are you a member of any other organizations or clubs? Yes No

If yes, please list names of organizations/ clubs: _____

FOR SGA/ CSI OFFICE USE ONLY

Date of Interview with SGA President & SGA VPIA: _____ Assigned Location: _____

Date of Interview with SGA Senate Review: _____ Assigned Location: _____

Date of Appointment: _____ Notes/Information: _____

Date of Training: _____

GPA Requirement Met: Yes No _____

Date GPA checked: _____

Student ID Number _____

REFERENCES

Please list two references other than relatives.

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____
Company & Position _____	Company & Position _____
Years _____	Years _____
Known Relationship _____	Relationship _____

WHAT ELSE WOULD YOU LIKE US TO KNOW ABOUT YOU?

AVAILABILITY

Please list all of your available hours (*circle the semester that applies*): **FALL** **SPRING**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Student ID Number: _____

INTEGRITY ASSURANCE

I certify that answers given herein are true and complete to the best of my knowledge, as the information provided in this document will be used as a basis for arriving at a SGA Appointment Decision.

Applicant Signature _____ Date _____

MISSION STATEMENT

We, the Student Government Association of Western Connecticut State University, in order to effectively represent the student body shall communicate with faculty, staff, and administration to perpetuate the best traditions of the WCSU campuses; to enact and enforce such rules as are deemed necessary for the protection of the welfare of the students; to direct and promote student involvement in campus activities; and to enhance student life through leadership, do establish this constitution of the Student Government Association of Western Connecticut State University.

Applications received will be kept on file for one semester.
If you have any questions, please feel free to contact:

President
sgapres@wcsu.edu

Vice President of Internal Affairs
sgavpinternalaffairs@wcsu.edu