

Lenoir Community College

SGA

Student Government Association

Senator Application

Name _____

Mailing Address _____

Phone _____ (Home) _____ (Cell)

Campus Cruiser Email Address _____

Student ID Number _____ GPA _____

Major _____

Signature of Lenoir Community College Students:

- | | |
|-----------|-----------|
| 1) _____ | 13) _____ |
| 2) _____ | 14) _____ |
| 3) _____ | 15) _____ |
| 4) _____ | 16) _____ |
| 5) _____ | 17) _____ |
| 6) _____ | 18) _____ |
| 7) _____ | 19) _____ |
| 8) _____ | 20) _____ |
| 9) _____ | 21) _____ |
| 10) _____ | 22) _____ |
| 11) _____ | 23) _____ |
| 12) _____ | 24) _____ |
| 25) _____ | |

For Use by Director of Student Activities and/or SGA Advisor:

_____ Approval _____ Cumulative GPA _____ Unofficial Transcript
Received

Notes: _____

Please note: All applications must be turned into Ms. Samara Taft, Director of Student Activities/SGA Advisor, Student Center Office #105. All applications must have an unofficial copy of transcript from LCC attached. (Registrar's Office can provide unofficial copy. You must show your valid LCC Student ID). If you have any questions or concerns, please contact Ms. Taft at 252-527-6223, Ext. 200.