



SGA

STUDENT GOVERNMENT ASSOCIATION



Name _____

Mailing Address: _____

Home Phone Number: _____ Cell: _____

Campus Cruiser Email Address: _____

Student ID Number : _____ GPA: _____

Major: _____

Position seeking (circle one):

President

Vice President

Secretary

Treasurer

Public Information Officer

Senator

Signature of Lenoir Community College Students:

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

For Use by Coordinator of Student Activities:

_____ Approval _____ Cumulative G.P.A. _____ Unofficial Transcript
Received

Notes: _____



Please note: Applications must be turned into Ms. Samara Taft, Student Center, Office #105. All applications must have an unofficial copy of transcript from LCC attached. (Registrar's Office can provide unofficial copy. Must show student ID. If you have any questions or concerns, please contact Ms. Samara Taft at 252.233.6819 or staft@lenoircc.edu.