

Replacement Student Senator Application 2010-2011

Name: _____

Current Phone Number: _____

Current Address: _____

Email Address: _____

Dean's Certification of Enrollment:

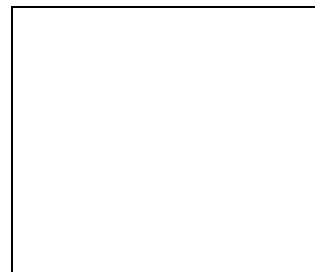
Dean's Stamp:

I certify that (applicant's name) _____

Is enrolled in (school/college) _____

Date: _____

Seat Applying For: _____



1. Please describe any previous participation in Student Senate activities, including campaigning, volunteer work and membership on Student Senate boards and committees.

2. Please describe any other activities in which you have been involved, including membership on committees and boards, departmental committees, clubs, associations and other groups.

3. Why do you want to be a Student Senator?

Signature _____ Date _____

Student ID Number _____

Return completed forms to the Student Senate Office, 410 Kansas Union

Forms Needed for Consideration:

- Replacement Student Senate Application
- Petition of 50 Signatures

Graduate, Law and Non-Traditional students, as well as candidates who completed this requirement in the spring 2009 general and fall 2009 Freshman elections are exempt from this requirement.