**Application for Director of Academic and Student Affairs**

*Submit this application to the* ***SGA office*** *by the close of business on* ***April 27, 2015****. At the time of submission, sign up for an interview time to take place on April 28, 2015 between 3:30-4:30 and 7-8:30.*

**Full Name:** **WKU ID Number:**

**Email Address:** **Phone Number:**

**Permanent Address:** **Campus Address:**

**Major(s)/Minor(s):**

**Class:** **GPA :** **Hours Earned:**

**Please list previous positions and accomplishments in SGA**

**Please list other relevant experiences (you may attach a resume)**

*Please attach your current or intended class schedule for the fall semester.*

*Please attach your typed answers to the following questions. Each answer should be 150-300 words.*

1.) What issues will you address as Director of Academic and Student Affairs on behalf of the student body?

2.) What personal qualities do you have that will aid you in this position?

3.) Why are you interested in serving the student body through the Student Government Association?

**References**

*You must include at least one faculty reference.*

Name Relationship Phone Number E-mail Address

1. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, I agree to allow the Student Government Association to verify the content of this application, including but not limited to my academic records. Furthermore, I understand that I will be held responsible for any inaccurate or falsified information.

In addition, if selected I agree to maintain eligibility for this office per the Constitution and will fulfill the requirements of the office and directives of the Student Government Association.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date