



SGA Student Representative Application

Name: _____

Year: FR SO JR SR

Phone Number: _____

Cumulative GPA: _____

Email: _____

Major: _____

Address (Hall & Room # or Street Address if Off-Campus): _____

Student Population(s) that you identify with (check all that apply):

First Generation College Student

Residence Hall Student

Commuter Student

Non-Traditional Student

Local (WV / Western MD)

Metro (D.C., Baltimore, etc.)

Out-of-State

Student-Athlete

Veteran

Other: _____

1. Do you have any prior leadership experience working with Student Governments and/or Student Organizations? If so, elaborate.

2. Why do you want to be a Student Representative?

3. What issues are currently not being met for the student population(s) that you identified with above, and how would you go about trying to ensure those issues are addressed if you become a Student Rep?

Please submit completed form to the SGA Office, Office of Student Involvement, or the Student Experience Office.