



**STUDENT GOVERNMENT ASSOCIATION OFFICER APPLICATION
CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE
2024-25 ACADEMIC YEAR**

Date: _____ Name: _____

LoLA ID: _____

Telephone #: _____ Campus: _____

Email Address: _____

Program of Study: _____

T-Shirt Size: _____

Please accept my application for a position as an elected officer for the CLTCC College-wide Student Government Association (SGA), for the 24-25 Academic Year. I am applying for the following SGA Campus officer position:

President Vice President Secretary/Treasurer

Summary of duties:

- A. President: shall be the chief executive officer of SGA on campus;
- B. Vice-President/Public Relations: shall be the assistant to the Campus President of SGA and chair all Public Relations efforts for SGA.
- C. Secretary/Treasurer: shall be the clerical officer for SGA and shall keep a correct running total of all SGA minutes and monies.

Briefly explain why you would like to serve as a Student Government officer, what expectations you have, and what you would like to see accomplished for the coming academic year (a summary will be included with your information in the ballot):



Please give a brief personal biography, highlighting your academic accomplishments, your academic and/or professional goals, and any experiences which might enhance your ability to serve in the capacity of SGA officer (a summary will be included with your information in the ballot):

I understand my responsibilities include:

- Currently enrolled student at CLTCC as certified by Student Services.
- Student must have a 2.5 overall grade point average as certified by Student Services.
- No member of SGA shall occupy the presidency more than two (2) school years.
- The advisor will verify GPAs each semester. Failure to maintain a 2.5 GPA will result in one semester probationary period.
- Attend SGA executive and open meetings monthly at a minimum. Some travel is required.

I agree to abide by the SGA Constitution and By-laws and all CLTCC rules and regulations. I authorize the College-wide SGA Advisor to verify my enrollment status and grade point average prior to my certification as a candidate.

I further understand that by signing this application, I give CLTCC the authority and permission to release any and all information necessary to maintain my officer status. Upon notification of eligibility, I will attend the next regular SGA meeting to officially announce my bid for SGA officer position.

Signature of Applicant: _____



Please submit this application to Student Services. Voting will be by all currently enrolled students for each campus.

For College-wide SGA Advisor Use Only

I hereby certify that the above student meets the eligibility requirements to hold an executive office in the college-wide SGA.

Current GPA: _____

Student Services: _____

Date: _____