Term:

Eligibility Requirements: SGA representatives must have an accumulative grade point average of 2:0 and each must maintain enrollment of six credit hours on the campus from which the member was elected. When program requirements mandate that the student attend another campus, resulting in the six hours being split between two campuses, the student must declare a home campus. A home campus may be declared by submitting a letter to the Director of the Student Activities. In order to be eligible a student cannot have any prior violations of the student code of conduct. (From Article II of the WVNCC SGA Constitution)

Campus (Circle One)*: New Martinsville Weirton Wheeling

*Each candidate must declare a home campus

We, the undersigned student body members do hereby nominate

(Candidate's Full Name – Print) ________________________________

for the position of (Office Seeking) ________________________________

Student Body Members Signatures * (Must have at least ten signatures)

1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________
4. ____________________________________________________________________________
5. ____________________________________________________________________________
6. ____________________________________________________________________________
7. ____________________________________________________________________________
8. ____________________________________________________________________________
9. ____________________________________________________________________________
10. ____________________________________________________________________________

Faculty/Staff Members Signatures & Title (Must have three signatures & submit letters of recommendations)

1. ____________________________________________________________________________
2. ____________________________________________________________________________
3. ____________________________________________________________________________

I have read and understand the responsibilities, duties, and eligibility requirements for the above office, and I accept the nomination.

Candidate's Signature ________________________________ Date ________________

Return completed Petition, SGA Application, and Letters of Recommendation to your Campus Counselor or the Office of Student Activities (Student Union) by ___________________. For any questions, please contact The Office of Student Activities at 304-214-8918.