



CANDIDATE FILLING FORM

I hereby notify the Commissioner of the University of Arkansas at Monticello Student Government Association Election Commission that I am registered with the University of Arkansas at Monticello Registrar's Office as a full-time student and request that my name,

_____,
PRINT NAME AS IT IS TO APPEAR ON BALLOT (LEAVE SPACES WHERE NEEDED)

be placed on the official ballot for the General Election to be held in the Fall -or- Spring.
CHECK ONE

I also hereby declare, that I wish to be a candidate for the office of....

STATE THE POSITION IN WHICH YOU WISH TO RUN

I HEREBY SWEAR (OR AFFIRM) THAT I HAVE READ AND WILL ABIDE BY THE CONSTITUTION AND ELECTION RULES OF THE UNIVERSITY OF ARKANSAS AT MONTICELLO STUDENT GOVERNMENT ASSOCIATION, REGARDING CAMPAIGNING AND THE RESULTS OF THE GENERAL ELECTIONS, THAT I AM A FULL-TIME STUDENT REGISTERED WITH THE UNIVERSITY OF ARKANSAS AT MONTICELLO REGISTRAR'S OFFICE, AND THAT I WILL SERVE IF ELECTED.

IN WITNESS WHEREOF, I have hereunto subscribed my name this ___ day of _____, _____.
DAY MONTH YEAR

Signature of Applicant

Subscribed in my presence and sworn to before me this ___ day of _____, _____.
DAY MONTH YEAR

Officer Administering Oath

PHONE NUMBER OF CANDIDATE

UNIVERSITY ADDRESS OF CANDIDATE