STUDENT TRUSTEE CANDIDACY APPLICATION
STUDENT TRUSTEE ELECTION COMMITTEE

Name: _____________________________________________________________________

OHIO E-mail: _____________________________________________________________________

Graduate student or undergraduate student? _____________________________________________________________________

Expected Date of Graduation: _____________________________________________________________________

Major/College of Study: _____________________________________________________________________

Are you a full time student of Ohio University?  Y / N

In your own words, what makes you a good candidate for this position?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you thoroughly read the Student Trustee informational packet?  Y / N

Please Sign: ____________________________________________________

Date: __________________________________________________________

*** When turning in this form, please attach a signed copy of the insert, also available on the Senate website and the Board of Trustees website.