

# SGA

Student Government Association  
*St. Olaf College*

## GPA VERIFICATION

Return this form with your petition form to the Office of Student Activities by  
**5pm, September 15th**

Last Name	
First Name	
Middle Initial	
ID Number	

My signature below indicates my authorization to the Office of Student Activities to verify that I meet the minimum cumulative GPA requirement of 2.0 and am a full-time student in order to be eligible to campaign in the SGA Elections. I also authorize the Office of Student Activities to share this information with the Dean of Students Office.

Signature \_\_\_\_\_