University of Oklahoma
STUDENT GOVERNMENT ASSOCIATION
GRADUATE STUDENT SENATE

SENATOR CREDENTIAL FORM

Please complete the following information and return the form to the Senate office (room 187) of the Conoco Student Leadership Center in the Oklahoma Memorial Union. Please be sure that each new Senator signs the Senator Responsibility Statement on the reverse side of this form.

Department information and Graduate Liaison Contact Information.

Fill in the form and provide the complete name of your department (not just the acronym).

<table>
<thead>
<tr>
<th>Department</th>
<th>Office Location</th>
<th>Graduate Liaison</th>
<th>OU E-mail</th>
<th>Campus phone</th>
</tr>
</thead>
</table>

Senator Information
Will this department send only one Senator for the upcoming year? YES___ NO____

Senator 1

<table>
<thead>
<tr>
<th>Senator Term</th>
<th>Returning Senator? Yes__ No__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
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<tr>
<td>e-mail</td>
<td></td>
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</tbody>
</table>

Senator 2

<table>
<thead>
<tr>
<th>Senator Term</th>
<th>Returning Senator? Yes__ No__</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
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<tr>
<td>e-mail</td>
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</tr>
</tbody>
</table>

The signatures below verify that the above named persons have been selected to serve as proper senators for this department. The selection process was in keeping with the Senate By-Laws and the SGA Constitution and proof of selection, such as a vote tally, is attached hereto.

Graduate Liaison

Signature Date

Senator 1

Signature Date

Senator 2

Signature Date

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SENATOR RESPONSIBILITY STATEMENT

Senator 1

By signing below, I agree to serve on the Graduate Student Senate in the following capacity:

(a) Attend and participate in regularly scheduled Senate meetings.

(b) Attend and participate in regularly scheduled committee meetings.

(c) Represent the interests of the graduate students of my department during all Senate and committee meetings.

(d) Inform the graduate students in my department of all Senate activities, such as legislation affecting graduate students and deadlines for grants.

(e) Notify the Senate Secretary, my department's graduate liaison, and/or graduate student association if I am unable to complete my term as Senator so another person from my department can replace me.

Senator 1

Signature ______________ Date ______________

Senator 2

By signing below, I agree to serve on the Graduate Student Senate in the following capacity:

(a) Attend and participate in regularly scheduled Senate meetings.

(b) Attend and participate in regularly scheduled committee meetings.

(c) Represent the interests of the graduate students of my department during all Senate and committee meetings.

(d) Inform the graduate students in my department of all Senate activities, such as legislation affecting graduate students and deadlines for grants.

(e) Notify the Senate Secretary, my department's graduate liaison, and/or graduate student association if I am unable to complete my term as Senator so another person from my department can replace me.

Senator 2

Signature ______________ Date ______________

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