****

**Student Government**

**Candidate Declaration and Eligibility Form**

**Fall 2024**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Last Name M.I. UNM ID#

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1 Phone 2 UNM E-Mail

**Return this Declaration Form** to the Student Services Office in Building 1 or email it to [gwillert@unm.edu](mailto:gwillert@unm.edu) by **Thursday, August 29, at 5:00 pm.** Please also **email a headshot (recommended) and a 100-word statement** giving your name, a little about you, your experiences, and your interest in Student Government**.** These will be included on the electronic ballot and posted near the in-person voting box. You may email these pieces separately to [gwillert@unm.edu](mailto:gwillert@unm.edu). After the election, the results will be announced through email by 5:00 on September 6. Members will be contacted to arrange meeting times for the following week.

*I certify that I am:*

1. *Currently admitted at* ***The University of New Mexico-Los Alamos (UNM-Los Alamos)***
2. *Currently enrolled in at least six (6) credit hours through UNM-LA and/or another UNM campus*
3. *In good standing with UNM-Los Alamos (2.5 GPA, no disciplinary probation or suspension)*
4. *Authorizing the release of my education records to the election officials for the purpose of verifying this information.*

*I understand the information contained in the Election Code and Procedures.*

*I declare my commitment to participate in a manner that is proper and conducive to the performance of the duties of the office sought through any and all election activities, campaigning activities, and in personal behavior. I will obey all laws, regulations, and decisions of the Student Government Constitution and The University of New Mexico.*

*If elected, I will accept and assume the duties and responsibilities of the listed position.*

*I understand that, to be eligible as a candidate, I must fulfill the requirements stated above.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Signature Date