



INSTITUTE of
 AMERICAN INDIAN ARTS
 Associated Student Government

DECLARATION OF CANDIDACY

Student Name: _____

Position of Candidacy: _____ Date Submitted: _____

Current Address: _____

Current Telephone Number: _____

Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____

Full-time: _____ Part-time: _____ Major: _____

Class Schedule:

Class	Time	Professor

Statement of Interest:

Cumulative GPA: _____ Prior Semester GPA: _____

Registrar's Signature _____ Date: _____