



Niagara University Student Government Association Committee Interest Form

STUDENT INFORMATION

NAME: _____

Last

First

PHONE: () _____

STUDENT NUMBER: _____

E-MAIL ADDRESS: _____

LOCAL ADDRESS: _____

City

State

Zip

COMMITTEE SELECTION

Please indicate which committee(s)
you are interested in.

Athletics

Community Action

Constitutional
Review

Finance

Historical

Production

Student Grievances

In the space provided below, please briefly indicate why you are
interested in joining the committee of your choice.