LEADMN
COLLEGE STUDENTS CONNECTING FOR CHANGE

# MSCSA Eligibility Authorization Form

I, _____ (print name) authorize _____ (school name) to complete this form and forward the information provided to LeadMN formerly the Minnesota State College Student Association, Inc. in the care of Communications and Office Coordinator Courtney Brockman, via mail (1515 South Robert Street, West St. Paul, MN 55118), email (cbrockman@leadmn.org), or fax at 651-215-1862. This request is valid from the date signed until June 30, 2019.

Sincerely,

_____ _____
(Student Signature) (Student ID Number)

_____ _____
(MSCSA Elected Position) (Date)

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## **FOR OFFICE USE ONLY**

To whom it may concern,

In order to hold office in the Minnesota State College Student Association a student must maintain specific standards. Please complete the following information:

1. Student Name:

2. Has the student earned a current cumulative grade point average of at least 2.0?

   Yes No

3. Is the student enrolled in at least six (6) semester credits for the current semester?

   Yes No

_____ _____
(College Representative Printed Name) (College Representative Signature)

_____ _____
(Title) (Date)