

ASUO ELECTIONS PETITION

CANDIDATE NAME: _____

RUNNING MATE (IF APPLICABLE): _____

NAME OF POSITION YOU ARE SEEKING: _____

COMPLETE NAME AS YOU WISH IT TO APPEAR ON THE BALLOT:

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

STUDENT I.D. #: _____ YEAR IN SCHOOL: _____

MAJOR: _____ HOURS ENROLLED: _____

CAMPUS POSITIONS CURRENTLY HELD: _____

CANDIDATE STATEMENT (Written below or emailed to asuo@uoregon.edu and asuoelec@uoregon.edu):

“I certify that the above information is correct and true to the best of my knowledge. I agree to abide by the ASUO Constitution and Election Rules, and I understand that failure to do so may result in sanctions imposed by the ASUO and/or under the Student Conduct Code, including, but not limited to, denial of access to the ballot or to office. I authorize the ASUO Elections Board to verify my enrollment status and credit hours enrolled as a University of Oregon student for ASUO Elections candidacy eligibility. Furthermore, I authorize the ASUO Elections Board to use my photo for the following purpose(s) (_____ you fill in the blank here)”.

CANDIDATE/**STUDENT** SIGNATURE: _____ DATE: _____

OFFICE USE ONLY--- DO NOT WRITE IN THIS SPACE

TIME AND DATE FILED (SUITE 4, EMU Clock): _____
PETITION ACCEPTED BY AND I.D. CHECKED BY: _____
I.D. USED _____