



Student Government Association (SGA) Petition Resource Form

Azusa Pacific University

Go to www.apusga.com/petition-process for more instructions and the latest information.

2025

901 E Alosta Ave, Azusa,
CA 91702

A Name of petitioner*	B School email address*	C Student ID number*
D Name of secondary petitioner (optional)	E School email address	F Student ID number
G Department name. If no department, leave blank, skip H & I	H Department contact name	I Department contact email

J Are you a full-time traditional undergraduate student?* YES ___ NO ___

K Do you live on campus?* YES ___ NO ___

L If yes, where? DORMS ___ SHIRE MODS ___ UNIVERSITY VILLAGE ___

M What year are you?* 1ST ___ 2ND ___ 3RD ___ 4TH ___ 4+ ___

N Major(s)?* _____ Minor(s)? _____

Part I Petition Description (Please provide a clear and detailed explanation of the issue)

1 What is the issue or concern?* _____

2 How does this issue affect the student body or campus community?* _____

3 What is your proposed solution or desired outcome?* _____



* (Indicates required field)

Part II Signature Collection *(Collect a minimum of 30 student signatures to support your petition)*

#	NAME	STUDENT ID #	APU EMAIL	SIGNATURE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				



Part III Supporting Documentation

(If applicable, please attach any supporting materials that strengthen your petition. These can include emails, data, photographs, etc. All material should be attached by paper to the end of the form or linked in an email)

Part IV Submission Information

- 4 Date of submission: _____ (day/month/year)
- 5 Have you completed all required portions of this form?..... YES ___ NO ___
- 6 Would you like to be contacted by the SGA regarding this petition?..... YES ___ NO ___
- 7 Would you be willing to meet in person with the SGA to potentially work out a solution, if the SGA decides to move forward with your petition?
..... YES ___ NO ___

Part V SGA Office Use Only *(For SGA use only)*

- 8 Date received: _____ (day/month/year)
- 9 SGA member receiving petition: _____ (position, last name)
- 10 Petition verified?..... YES ___ NO ___
- 11 Signature count verified?..... YES ___ NO ___
- 12 Petition uploaded to SGA website?..... YES ___ NO ___

Next Steps _____



(SGA Stamp)

