



Senate Proxy Form

University of New Orleans
Student Government Senate

Date of Meeting: _____

Absent Senator

Name: _____

College: _____

Phone: _____

Signature: _____

Proxy

Name: _____

College: _____

Phone: _____

Signature: _____

If not a current senator, please include the following:

Address (include city, state zip): _____

Email Address: _____

VICE PRESIDENT

Signature: _____

Date: _____