



# STUDENT LEADERSHIP ELECTION PETITION FORM

## Academic Year 2016 - 2017

Office of Student Life \* (615) 327-6792 \* studentservices@mmc.edu

**Deadline:**  
Please turn these forms in by 12 PM on April 4, 2016 to the front desk of Student Services in the Cal Turner Building.

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Desired Position

We, the undersigned students of Meharry Medical College, are in support of having the above named candidate for the position stated above for the 2016-2017 academic year.

- |           |           |
|-----------|-----------|
| 1. _____  | 13. _____ |
| 2. _____  | 14. _____ |
| 3. _____  | 15. _____ |
| 4. _____  | 16. _____ |
| 5. _____  | 17. _____ |
| 6. _____  | 18. _____ |
| 7. _____  | 19. _____ |
| 8. _____  | 20. _____ |
| 9. _____  | 21. _____ |
| 10. _____ | 22. _____ |
| 11. _____ | 23. _____ |
| 12. _____ | 24. _____ |
| 25. _____ |           |

FOR OFFICE USE ONLY: SSEM OFFICE STAFF PLEASE DATE & INITIAL

\_\_\_\_\_  
Date Received / Time Received

\_\_\_\_\_  
Received By