



Cal State Student Association
Board of Directors Voter Designation Form & Agreement
Completed forms must be submitted to info@calstatestudents.org.

CAMPUS

Name of Campus

FORM TYPE (Select One)

- Annual Designation
Update Designation: Effective Date ___/___/___

DESIGNEE AGREEMENT

By signing below, I understand and agree to the following:

As a CSSA Board of Directors Voting Designee I am subject to the rules, policies, and requirements outlined by my Associated Students (Inc.), my home institution, the CSU Minimum Requirements for Student Office Holders, and the Cal State Student Association. I understand that it is my responsibility to coordinate all travel, logistics, and payment of activities associated with my service as a CSSA Voting Designee with the my Associated Students (Inc.).

PRIMARY VOTING DESIGNEE

Printed Name

Signature

Position/Title

Date

Phone Number

Email Address

ALTERNATE VOTING DESIGNEE

Printed Name

Signature

Position/Title

Date

Phone Number

Email Address

ASSOCIATED STUDENTS (INC) EXECUTIVE DIRECTOR (or designee):

I certify the student(s) are approved to serve a CSSA Board of Directors Voting/Alternate Voting Designee.

Printed Name

Signature

Position/Title

Date

OFFICE USE ONLY

DATE SUBMITTED: UPLOAD: ROSTER: