



Application for Student Union President

This form must be completed by the respective Manager in the Records
for the HMC Campus : **Karen Grant-Jaeckle**

STUDENT NAME:

STUDENT NUMBER:

PROGRAM:

CAMPUS:

DATE:

This letter will confirm that the above named student is currently enrolled at Sheridan and that this student is currently in good academic standing.

Should you have any further questions, please contact the respective campus Manager.

Office of the Registrar

Name: _____

Signature: _____