

FACTS Summer Internship Application 2024

Name:									
Pronouns: University:									
Email Address:									
Phone:	Da				Date of Birth:				
Status:	Fresh Soph	Junior Senio	r Grad	Other					
Name of Faculty	y Sponsor:								
Mavroudas, A facts@txstate.e	ssociate Dire edu; All letters	mmendation n ector – FACTS must be receive	S, 601 d by the	University due date]	Drive,			•	
Skills (e.g. GIS e	xperience, hist								
Have you passe		/ Course with a g				YES	NO		
Do you have health insurance (circle)?						YES	NO		
Have you been convicted of a felony (circle)?						YES	NO		
Do you agree to <u>https://www.tx</u>	• •	Texas State Title policies.html	IX policie	es (circle)?		YES	NO		
Du cionina this f		at all informatio					****	£	

By signing this form, I agree that all information indicated above is true and correct to the best of my knowledge.

Signature	Date
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