



SE Academy Program Application

Directions: If you are completing this application online, please send your finished application to lisa.alonzo@utsa.edu.

ENT INFOR	RMATION							mmmm	
	Student's First Name:				Last:	myUTSA ID:			
FR	SO	JR	SR	Major:		Current UTSA GPA:			
(where you	work nov	/):			Job Title:				
:						How is your job funded:	Work Study	Wages	
ICATION Q	UESTION	IS 1111111							
	-				our Academy Experience?*				
Enrollment Marketing & Communications					Financial Aid & Scholarships	Welcome Center & Events			
One Stop Enrollment					Orientation and Family Program	Programs			
acement is	based on	availability	2						
ested in the	e SE Acado	emy Experie	ence? (Ch	haracter lin	nit 300)				
r goal and	how do ye	ou think the	e SE Acac	lemy Expe	rience will contribute to reaching	g this goal? (Character limit	300)		
	FR (where you e: ICATION Q ICATION Q IT COMMENT A t choice, N/A ment Marke top Enrollm dacement is ested in the	FR SO (where you work now (where you work now) (where you work now) (CATION QUESTION (CAT	Student's First Name FR SO JR (where you work now):		Student's First Name: FR SO JR SR Major: (where you work now):	Student's First Name: Last: FR SO JR SR Major: (where you work now):	Student's First Name: Last: myUTSA I FR SO JR SR Major: Current L (where you work now): Job Title:	(where you work now):	

I certify the below information is accurate to the best of my knowledge. You have my permission to verify my grade point average. I authorize Student Conduct and Community Standards to conduct a background check and disseminate that information to Strategic Enrollment division departments (as applicable) regarding any criminal or behavioral records prior to my employment with that office.

Student Signature: