



## SOGIS Officer Application

First Name:	
Last Name:	
TX State Email:	
Other Email:	
Phone:	
Major:	
Classification:	
Expected Graduation Date:	
Position Applying For:	
How many hours are you able to dedicate to SOGIS per week?	
Qualifications (if any):	

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### SOGIS Official Use Only

Date Received: \_\_\_\_\_

Decision: \_\_\_\_\_

Decision Date: \_\_\_\_\_