



SPACE TREK ACADEMY REGISTRATION FORM December 2018



Contact Information

Name: _____

E-mail: _____

Address: _____

Phone: _____

Academic History

Academic Year Completed by June 2018: _____

Current Institution: _____

Location: _____

Degree: _____

Major: _____

Minor: _____

Why do you want to attend the Space Trek Academy?

Research Experience and Publications (if any):

General Work Experience:

Aerospace and Space-Related Activities:

Memberships:

Other Information:

I, certify that the information provided on this form is true to the best of my knowledge.

Date: _____

Signature: _____