



FPTV25 APPLICATION FORM

GENERAL INFORMATION

Name: _____ Year of Graduation: _____

Phone Number: _____ FPU Box: _____

Email: _____

DEPARTMENT(S) (Check all that apply)

News

Sports

Entertainment

Commercials

Programming

Technical Operations

DAYS AVAILABLE (Check all that apply)

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

PRODUCTION/POSITION PREFERENCE(S) _____

OTHER CAMPUS ACTIVITIES (INCLUDE TIMES): _____

I hereby sign saying that I have received a copy of FPTV25's station policies, and agree to adhere to them. In the case of a conflict, I understand the consequences of my actions and agree to act in a responsible manner.

Signature: _____ Date: _____