

EDUCARD PROGRAM APPLICATION

Print out this page and mail it back to:

SIUE, Office of Educational Outreach

Campus Box 1084, Edwardsville, IL 62026-1084

Term: FALL / SPRING / SUMMER (circle one) YEAR _____

Name (Last, First, Initial): _____

Address: _____

City / State / Zip: _____

E-Mail: _____ SS #: _____

Phone: (daytime) _____ (evening / alternate) _____

Person to notify in case of emergency: _____ Phone: _____

COURSE(S) APPLIED FOR:

Course Number(Prefix & Number): _____ Section Number: _____

Course Title: _____ Day & Time: _____

I understand that this Educard is valid only for the term indicated and that it entitles me to attend selected credit courses on a space-available basis, as indicated above. I further understand that I will not earn credit or be entitled to transcripts for this educational experience. I agree to return all textbooks by the publicized term deadline.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY:

SPACE AVAILABLE (YES or NO): _____

Accepted by

DATE

Fee Paid: _____ Cash _____ Check _____ Credit Card (Visa / MasterCard / Discover)

Credit Card #: _____ Exp Date: _____ Card Code: _____

(Last 3 digits on back)