



OFFICE OF EDUCATIONAL OUTREACH

# EDUCARD PROGRAM APPLICATION

PRINT OUT THIS PAGE AND MAIL IT TO: (NOTE: do NOT send payment at this time)

SIUE, OFFICE OF EDUCATIONAL OUTREACH  
Campus Box 1084  
Edwardsville, IL 62026-1084

TERM: (circle one)    Fall                      Spring                      Summer                      YEAR: \_\_\_\_\_

NAME: (Last, First, Middle Initial): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_ ALTERNATE PHONE #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ SIUE 800# \_\_\_\_\_  
If available

PERSON TO NOTIFY IN EMERGENCY: \_\_\_\_\_ Phone: \_\_\_\_\_

### COURSE(S) APPLYING FOR:

Course number (Prefix and number): \_\_\_\_\_ Section number: \_\_\_\_\_

Course Title: \_\_\_\_\_ Day & Time: \_\_\_\_\_

I understand that this Educard application 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.

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Applicant's signature Date