SIUe 2019

SPRINGBOARD TO **SUCCESS**
Registration Form

Chicago Bus Tour attendees will receive a $50 fee reduction for Springboard to Success. Since your fee is reduced, you must register using this form. Please mail your registration form and check or money order to:

Southern Illinois University Edwardsville
Office of Admissions/Springboard to Success
Campus Box 1600
Edwardsville, IL 62026-1600

Your registration fee is $145. This fee covers your registration for Springboard to Success and your enrollment deposit to the University. Parents and family members are invited to attend. There is no additional charge for guests.

This fee is non-refundable regardless of time of cancellation.

Student Name: _____ Student ID# (800) _____
(First, Last) *(Found in your admit letter)*

Address: _____ Apt. #:_____ City: _____ State: _____ ZIP: _____

Home Phone: (_____)_____ Cell Phone: (_____) _____

☐ By checking this box, I give permission to SIUE to send me important updates via text messaging. (Standard message rates apply.)

Date of Birth: _____/_____/_____

High School Graduation/GED: _____/_____

Student Email: _____

Intended Area of Study: _____

Are you taking any AP or International Baccalaureate (IB) exams? ☐ Yes ☐ No
If yes, what AP or IB exams are you taking? _____

Have you, or do you, intend to take any dual credit courses while enrolled in high school? ☐ Yes ☐ No
If yes, please list the college/university and course title. *(for example, COM 111 from Lincoln Land Community College)*

_____

Do you plan to take college credit courses during the summer after you graduate high school? ☐ Yes ☐ No
If yes, please list the college/university and course title. *(for example, COM 111 from Lincoln Land Community College)*

_____

SIUE Springboard to Success Dates *(please rank your top three choices)*

___ May 28-29 ___ May 30-31 ___ June 4-5 ___ June 6-7 ___ June 11-12
___ June 13-14 ___ June 18-19 ___ June 20-21 ___ June 25-26 ___ June 27-28

Number of guests *(not including student)*: _____

Parent/Guardian Contact

First Name: _____ Last Name: _____

Home Phone: (_____)_____ Cell Phone: (_____) _____

Parent/Guardian Email: _____

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SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE