

OFFICE OF EDUCATIONAL OUTREACH

EDUCARD PROGRAM APPLICATION

PRINT OUT THIS PAGE, COMPLETE, SIGN AND EITHER:

- MAIL IT TO: SIUE, OFFICE OF EDUCATIONAL OUTREACH, Box 1084, Edwardsville, IL 62026-1084
- EMAIL IT TO: outreach@siue.edu
- FAX IT TO: 618-650-2629 OR
- VISIT OUR OFFICE AT: SIUE, Rendleman Hall, Room 1330, Edwardsville, IL

(NOTE: You may send your payment along with your registration form or you may pay after you are approved to participate in the course. All payments will be held until approval is received.)

TERM: (circle one) Fall Spring Summer YEAR: _____

NAME: (Last, First, Middle Initial): _____

ADDRESS: _____

CITY / STATE / ZIP: _____

DAYTIME PHONE #: _____ ALTERNATE PHONE #: _____

BIRTHDATE _____ E-MAIL ADDRESS: _____ SIUE 800# _____
(If available)

PERSON TO NOTIFY IN EMERGENCY: _____ Phone: _____

COURSE(S) APPLYING FOR:

Please list the course(s), up to three, you wish to attend:

Course No. (Prefix & No.)	Section No.	Course Title	Time	Days
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.

Applicant's signature

Date