

2009 Summer Intensive English Program

Application Form

Date: ____ / ____ / ____

To apply, please print this application form, fill it out, and mail it with a **\$100 non-refundable deposit**.

Please Print Clearly

First Name: _____

Family Name or Last Name: _____

Address: _____

City: _____ State/Province: _____

Postal Code(if applicable) _____ Country: _____

Citizenship: _____ Country of Birth: _____

Date of Birth: ____ / ____ / ____ Sex: M F
(month) (day) (year)

Tel(country/area code): _____ e-mail: _____

**Students in Puerto Rico, please list university & campus: _____

Check if: undergraduate student graduate student working professional

Payment Information:

Check/Bankers Check Enclosed
(checks made payable to SUNY Oswego)

Credit Card:
 Mastercard Visa Discover

Postal Order
(made payable to SUNY Oswego)

Credit Card #: _____

Expiration Date (MM/YR): _____

Signature: _____

Mail application form and deposit to:

ILEC Coordinator
102 Sheldon Hall
State University of New York at Oswego
Oswego, NY 13126 USA

Questions? Please call: 315.312.5660 or fax: 315.312.2477 or e-mail: esl@oswego.edu

