

**STUDENT HOST PROGRAM
RESERVATION FORM**

FULL NAME: _____

FULL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ EMAIL: _____

(Please print clearly)

NEAREST MAJOR CITY: _____

HIGH SCHOOL/ COLLEGE: _____

GRADUATION YEAR: _____

I am interested in attending Oswego as a (circle one): FRESHMAN TRANSFER

I am a (circle one): SMOKER NON-SMOKER MALE FEMALE

INTENDED MAJOR: _____

VISITATION DATES:

(FIRST CHOICE) I am interested in visiting on:

Sun/ Mon date _____ Mon/ Tue date _____ Tue/ Wed date _____

Wed/ Thu date _____ Thu/ Fri date _____

(SECOND CHOICE) I am interested in visiting on:

Sun/ Mon date _____ Mon/ Tue date _____ Tue/ Wed date _____

Wed/ Thu date _____ Thu/ Fri date _____

Please mail/ fax reservation form to:

OFFICE OF ADMISSIONS
SUNY OSWEGO
229 SHELDON HALL
OSWEGO, NY 13126-3599
Tel: 315.312.2250
Fax: 315.312.3260
ADMISS@OSWEGO.EDU