

**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: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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