

STATE UNIVERSITY OF NEW YORK AT OSWEGO

EOP SUMMER PROGRAM

A pre-freshman experience administered by the Educational Opportunity Program

General Information Form

Tuesday, July 5th – July 30, 2016

Student's Name (**Please Print**): _____ SUNY ID# _____

Address: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____ Cell Phone: (_____) _____

Email: _____

Birth Date: _____ Gender: **Male** _____ **Female** _____ **T-Shirt Size** _____

Name of Parent or Guardian: _____

Relationship to You: _____

Address: _____

Emergency Contact Number: _____

Parent/Guardian Approval: I approve of this application and will permit my student _____, to attend the EOP Summer Program at SUNY-Oswego. **I understand that admission to the university is contingent upon my student's successful completion of the summer program.** I acknowledge the necessity for his/her conformance to the academic and social policies of the program and of the State University of New York at Oswego and that failure to abide by these rules may result in his/her dismissal.

Signature of Parent/Guardian: _____ **Date:** _____

Print Name: _____

Applicant Agreement: I agree to abide by the academic and social policies of the program and of the State University of New York at Oswego. I understand that failure to abide by these regulations may result in my dismissal.

Applicant's Signature: _____ **Date:** _____