

**STATE UNIVERSITY OF NEW YORK AT OSWEGO**

**EOP SUMMER PROGRAM**

**A pre-freshman experience administered by the Educational Opportunity Program**

**General Information Form**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Are you interested in renting a refrigerator (\$6.00) for the summer payable to RLH when you arrive? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Parent/Guardian Approval:** I approve of this application and will permit my son/daughter \_\_\_\_\_, to attend the EOP Summer Program at SUNY-Oswego. **I understand that admission to the university is contingent upon my child'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:** \_\_\_\_\_