

# SOARREQUESTCARD

Name: \_\_\_\_\_

SVSU Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_

Home Phone: \_\_\_\_\_

DID YOU STUDY FOREIGN LANGUAGE IN HIGH SCHOOL? \_\_\_\_\_

LIST LANGUAGE(S): \_\_\_\_\_

NUMBER OF YEARS: \_\_\_\_\_

**Rank your preference from 1 - 4 for your SOAR date.**

(1 = first choice; 4 = last choice) Please note: Student Orientation and Registration is filled on a first come, first served basis. It is important to rank your preferences in case your first preference is full. SOAR begins at 8:30 a.m. and ends at 4:30 p.m.

**SOAR DATES WINTER 2010**

\_\_\_\_\_ FRI - 10/30/09, 8:15A-12:30P

\_\_\_\_\_ FRI - 12/04/09, 12:15-4:30P

\_\_\_\_\_ FRI - 12/18/09, 12:15-4:30P

\_\_\_\_\_ FRI - 01/08/10, 12:15-4:30P

**Check all that apply:**

\_\_\_ I will be a member of an official varsity sports team at SVSU.

Please list team(s): \_\_\_\_\_

\_\_\_ I do not plan to attend SVSU in the fall. Please cancel my admission.

\_\_\_ I have earned the following college credits:

Please list course name(s): (ex. Math 100) \_\_\_\_\_

College or institution where credits were earned: \_\_\_\_\_

**Return this card in enclosed envelope**

**Please include the \$20.00 non-refundable SOAR fee and make your check or money order out to: SVSU. All students must return this postcard to reserve your spot in SOAR.**