



# TOP REQUEST FORM

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

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

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

Primary Phone: \_\_\_\_\_

**Rank your preference from 1 - 7 for your TOP date.** (1 = first choice; 7 = last choice)

Please note: Transfer Orientation Programs are filled on a first-come, first-served basis. It is important to rank your preferences in case your first choice is full. TOP sessions are scheduled to begin at 8:30 AM and 12:30 PM. The length of your program will vary depending on the number of course placement tests that you may need to complete. All students should plan to be at the program for four hours. **Do not select a date if you are not able to attend for a full four hour period.**

**TOP Dates WINTER 2010**

\_\_\_\_\_ FRI - 12/04/09 AM

\_\_\_\_\_ FRI - 12/04/09 PM

\_\_\_\_\_ FRI - 12/18/09 AM

\_\_\_\_\_ FRI - 12/18/09 PM

\_\_\_\_\_ FRI - 01/08/10 PM

**Check all that apply:**

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

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

\_\_\_ I am currently enrolled in the following courses at another college:

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

\_\_\_\_\_

College or institution where credits are being taken \_\_\_\_\_

Return this form to:

**TOP - Admissions Office  
7400 Bay Rd  
Saginaw Valley State University  
University Center, MI 48710**

Please remember to include the \$20.00 non-refundable TOP fee and make your check or money order out to: **SVSU**.

***All students must return this form to reserve a space in a Transfer Orientation Program.***