**New Student Orientation**

**Response Form**

**Fall 2017**

Name (Please Print): (First)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID#\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_**do** \_\_\_\_**do not** plan to attend the New Student Orientation Program.

(check one)

**Check the orientation you plan to attend below**

**Traditional Orientation**

***\_\_\_\_\_*July 31th 2:00-4:00 Williamson Campus**

**\_\_\_\_\_August 1st 2:00-4:00 Logan Campus**

**\_\_\_\_\_August 2nd 2:00-4:00 Wyoming Campus**

**\_\_\_\_\_August 3rd 10:00-12:00 Lincoln Site**

**\_\_\_\_\_August 3rd 2:00-4:00 Boone Campus**

**Adults and Veterans**

**\_\_\_\_\_July 31st 6:00– 7:00 - Williamson Campus – Student Commons Area**

**\_\_\_\_\_August 1st 6:00 –7:00 – Logan Campus – Room 111 – Building A**

\_\_\_YES\_\_\_NO - Have you registered for fall semester 2017

\_\_\_YES\_\_\_NO -If you have not register for fall semester, would you like to register for classes

on New Student Orientation Day? If so, please bring a copy of your ACT, SAT or

ACCUPLACER scores to New Student Orientation Day to register for classes.

If you **do not** have an ACT, SAT, or ACCUPLACER test score, please contact student services representative at [shelia.combs@southernwv.edu](mailto:shelia.combs@southernwv.edu) or 304-896-7375 to make an appointment to take Southern’s placement test, ACCUPLACER, ***before*** New Student Orientation Day.

**Please mail this form back ASAP so we can plan for you!**

Mail to: Shelia Combs, Student Services Specialist

Southern WV Community and Technical College

PO Box 2900

Mt. Gay, WV 25637

List additional participants in the household that will be attending (name and telephone number required):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_