

SOAR Application

Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Student ID Number _____

E-mail Address _____

High School _____ Date of Birth _____

Major _____ Is this the major you listed on your admission application? Yes No

If no, are you requesting a change of major? Yes No _____

Names of Parents/Guardians Attending SOAR _____

Are Parents/Guardians attending SOAR UT Martin alumni? Yes No

Please list names of other guests you will be bringing to SOAR _____

Select two of the following dates to attend SOAR. Indicate your first and second choice. Sessions will be limited and a confirmation card will be sent to you. Note: Due to high demand, guests are limited to 2 per student for April 30 and July 9-10 dates.

- Sat., April 30 Thurs., June 9 - Fri., June 10
 Thurs., June 23 - Fri., June 24 Mon., July 25 - Tues., July 26

I want to register for: SOAR student - \$40
 Parents/Guardians/other guests - \$15 per person

I want to reserve a room in the residence hall (sheets, towels, blankets and pillows included; alarm clock not included; space is not available April 30)
 Student only - \$15 (accommodates one person)
 Student and parents/guardians - \$25 (accommodates up to four people)

Will you be attending the Picnic on Day 1 of SOAR (June and July only)? Yes No

Total amount enclosed _____

Visa/MasterCard Card # _____ Exp. Date _____

Cardholder Signature _____

Please return registration form with payment or credit card information to:
UT Martin; Office of Admissions; Martin, TN 38238

Remember:
You must have applied for admission and received a tentative or final acceptance letter from UT Martin!

IMPORTANT: Health Note
The General Assembly of Tennessee requires first-time students to provide proof of immunity or immunization for measles, mumps, rubella (MMR), and varicella (chicken pox) prior to class registration. State law also mandates that incoming students be informed of risk factors and dangers of meningococcal disease and hepatitis B. The form can be accessed at <http://www.utm.edu/departments/shcs/compliance.php> by clicking on Immunization Requirements.



Please keep brochure for future reference after detaching application.

For Office Use Only	
SOAR Registration	Residence Hall
CA _____	CA _____
CK _____	CK _____