SOAR Registration Form for Students

Student Name: ____________________________________________

Social Security Number: ________________________________

Phone Number: _______________________________________

E-mail Address: ________________________________________

Which dates will you be attending? □ April 22-23 OR □ June 23-24 OR □ July 21-22

What is your intended Major? ____________________________________________
(If unsure enter: Undecided)

If you checked the APRIL SOAR dates...
please indicate the meals you plan to eat on campus directly below:
□ Friday, Dinner □ Saturday, Breakfast □ Saturday, Lunch

If you checked JUNE or JULY SOAR dates...
Please indicate the meals you plan to eat on campus directly below:
□ Thursday, Dinner □ Friday, Breakfast □ Friday, Lunch

Mail form and money to:

Office of Admissions
McMurry University
Box 278
Abilene, TX 79697