

REQUEST FOR INFORMATION

Would you like more information about Okaloosa-Walton Community College? If so, please complete the form below and we will send you an information packet.

Date _____

Name _____

Address _____
(Street or P.O. Box)

(City) _____ (State) _____ (Zip Code) _____

E-mail (optional) _____

Information Requested:

(Please check all information required)

- Additional copy of Application for Admission & Residency Declaration Forms
- Additional copy of 2003-2004 College Catalog
- Schedule of Classes
- Financial Aid Application
- International Student Information
- Handicap/Special Needs Information
- Other (Please Specify) _____

(Please tear out and fold this page for mailing)

PLACE
STAMP
HERE

ADMISSIONS OFFICE
OKALOOSA-WALTON COMMUNITY COLLEGE
100 College Boulevard
Niceville, Florida 32578-1295

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