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)

☐ Application for Admission & Residency Declaration
☐ Additional copy of 1998-99 College Catalog
☐ Schedule of Classes
☐ Financial Aid Application
☐ International Student Information
☐ Handicap/Special Needs Information
☐ Other (Please Specify) ____________________________________________________________

______________________________________________________________________________

I would like to enroll as a: 

☐ Full-time student ☐ Part-time student

(Please tear out and fold this page for mailing)