CENTER FOR INTERNATIONAL PROGRAMS
Telephone: (845) 257-3294 Fax: (845) 257-3129

ATTENDANCE RESPONSE FORM J1 STUDENTS

Please let us know your plans for the Fall 2006 term by providing information requested on this form. **PLEASE RETURN THIS RESPONSE FORM TO THE CENTER FOR INTERNATIONAL PROGRAMS AS SOON AS POSSIBLE USING THE ENCLOSED ENVELOPE.**

Make sure to include the following forms:

- Residence Hall License
- Health Report and Physician's Certificate

If you are NOT planning to attend SUNY New Paltz this semester, please return the DS-2019 to us. We look forward to hearing from you soon and to meeting you in August 2006!

Please check (✓) the correct box or boxes.

- ☐ I plan to attend SUNY New Paltz in the Fall 2006 semester.
- ☐ I wish to reserve a Residence Hall Room on Campus. I am enclosing my completed Residence Hall License.
- ☐ I will be living off-campus and have made my own housing arrangements.
- ☐ I will not attend SUNY New Paltz in the Fall 2006 semester and am returning my DS-2019.

Print Name _____ Student ID Number _____

Signature _____ Date _____

PLEASE PROVIDE AN ADDRESS, EMAIL AND TELEPHONE NUMBER WHERE YOU CAN BE REACHED BEFORE THE START OF THE FALL SEMESTER. RETURN ALL DOCUMENTS TO THE CENTER FOR INTERNATIONAL PROGRAMS USING THE ENCLOSED ENVELOPE. THANK YOU!

Email _____ Address _____

Telephone # _____ Fax # _____