



Admissions Application

Name _____ Date _____

Address _____

City/State/Zip _____

Telephone (___ - ___ - ___) E-Mail _____

Please note that E-Mail is the default method of communication, unless you tell us otherwise.

In case of emergency or illness please contact:

Name _____ Telephone _____

I'd like to start my membership year at the beginning of the following term:

(Pick One) Fall Winter Spring Summer of the year 20 __ __

Payment of the annual dues of \$110.00 can be by made by check made payable to:

Roosevelt University/ICL, and mailed to:

Roosevelt University
Institute for Continued Learning
1400 N. Roosevelt Boulevard
Schaumburg, Illinois 60173-4348,
847.619.7288

Or pay by credit card:

VISA MasterCard Discover Amex

Card # _____ Exp. Date: _____

Authorized Signature _____

We would appreciate it if you would list your interests, hobbies and experiences, so we can better develop programs for our members.

Have you ever attended Roosevelt University? Yes No (circle one)

Please share your work experience, hobbies and recreational interests:

Please indicate your areas of interest to help us develop programs by circling what applies.

Architecture	Economics	Music	Speech
Art	Film	Philosophy	Travel
Computers	History	Psychology	Other
Creative Writing	Languages	Religion	_____
Current Events	Literature	Science/Math	_____
Drama	Museums	Short Stories	_____

How did you first learn of the Institute for Continued Learning? (Circle one)

From an ICL member	Newspaper	Library	ICL Display
Friend's recommendation	Radio or TV	Mailing	Other
Community Organization			

Would you like us to send information on the ICL to a friend?

If yes, please fill in his/her name and address below.

Thank you.