



UNIVERSITY OF  
**SOUTHERN MAINE**  
English for Speakers of  
Other Languages Program

### **REQUEST FOR INFORMATION FROM STUDENTS WHO ARE MAINE RESIDENTS**

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apartment Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

What is the best way to contact you? Please check one:

Telephone       E-mail       Postal Mail

Please send me information on:

- Reading, Writing, and Vocabulary
- Reading and Speaking Fluency for Academic Purposes
- Grammar and Writing
- College Writing
- Listening and Speaking

Please fill out this form completely, and we'll be in touch with you soon. You can send it in the mail or you can stop by in person to drop it off. We'd like to meet you!

**ESOL Program**  
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