

MUSKINGUM

U N I V E R S I T Y

DEPOSIT RESPONSE FORM

SEND YOUR \$200 DEPOSIT TO JOIN MUSKINGUM UNIVERSITY

NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET

CITY

STATE

ZIP

(CHECK THE APPROPRIATE BOX BELOW)

I plan to attend Muskingum

- I have already sent my enrollment deposit
- Enclosed is my \$200 deposit check made out to Muskingum University
- I will send my deposit at a later time

*\$200 deposit is required to confirm enrollment intent

I am still deciding and Muskingum is one of my choices

I am not attending Muskingum; I will enroll at:

(IF ATTENDING; CHECK THE APPROPRIATE BOXES BELOW)

1. Entering Classification:

- First Year
- Transfer
- Readmit

2. Residency Status:

- Living on Campus
- Commuter/from Home
- Off-Campus

3. Expected Term of Entrance:

- Fall
- Spring
- Summer
- Year: _____

4. Expected Academic Status:

- Full Time
(12 OR MORE SEMESTER CREDIT HOURS)
- Part Time
(LESS THAN 12 SEMESTER CREDIT HOURS)

Return this form (with deposit if applicable) in the enclosed business reply envelope, by **May 1st** to:

Muskingum University
Admission Office
163 Stormont Street
New Concord, Oh 43762

DEPOSITS ARE NON-REFUNDABLE AFTER MAY 1.