DEPOSIT RESPONSE FORM

Please complete this form and return it to the Office of Admission with your $150 deposit, due by May 1. Deposits are non-refundable after May 1.

Name ___________________________________________
— Last First Middle

Address ___________________________________________
— Street City State Zip

1. CHECK ENTERING CLASSIFICATION

☐ First-year ☐ Transfer ☐ Readmit

2. RESIDENCY STATUS

☐ Resident ☐ 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)