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
   o I have already sent my enrollment deposit
   o Enclosed is my $200 deposit check made out to Muskingum University
   o 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.