

ENROLLMENT FEE FORM

Please complete and return this form with your refundable fee.

Name: _____

Student Number: _____

Social Security Number: _____

Date of Birth: _____

Term and Year of Enrollment: _____

Gender: _____

Classification: _____

I plan to live in the Residence Hall:

Yes ___ No ___

Fee Amount: \$100

T-Shirt Size: _____

PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT

Name: _____ Telephone: _____ () Parent

() Guardian

Address: _____ () Student

City: _____ State: _____ Zip: _____

Student Signature: _____

TO PAY BY CREDIT CARD:

___ VISA ___ MC ___ Discover No.: _____

Authorization Code: ___ ___ Expiration Date: ___/___/___

Signature Required: _____

FOR OFFICE

USE ONLY Fee Amount: \$ _____

Date Received: ___/___/___

Treasurer's Signature: _____

Fee is refundable if cancellation is received in writing by May 1 for Fall enrollment, September 1 for Spring enrollment.