



2018-2019 Enrollment Commitment Form
Deposit Deadline: May 1, 2018



Please print clearly all of the student information requested below, and return this form to the Office of Undergraduate Admissions in the envelope provided.

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____ Gender _____

Permanent Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Email Address: _____

- Yes, I intend to enroll at the Lyme Academy College of Fine Arts of the University of New Haven for the Fall 2018 semester. I intend to be a:
Resident Student - Please enclose your non-refundable \$500 Enrollment Commitment Fee (Deposit)
Commuter Student - Please enclose your non-refundable \$300 Enrollment Commitment Fee (Deposit)

Please Note: \$300 of your enrollment commitment fee is applied to your bill as an orientation and registration fee. It is not applied towards your tuition bill. The additional \$200 for a resident student is applied directly to your housing bill.

* The priority deadline to submit your Enrollment Commitment Form and Deposit is May 1, 2018. However, the deposit should be paid and the form filled out as soon as the student decides to attend Lyme Academy College. THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE TO ANOTHER SEMESTER. PLEASE DO NOT PAY YOUR DEPOSIT UNTIL YOU HAVE DEFINITELY DECIDED THAT YOU WILL BE ATTENDING THE LYME ACADEMY COLLEGE OF FINE ARTS. PLEASE NOTE THAT UNIVERSITY-SPONSORED HOUSING IS OFTEN FILLED BY MAY 1. STUDENTS WHO SUBMIT A DEPOSIT AFTER MAY 1 MAY BE PLACED ON A HOUSING WAITLIST, ALTHOUGH WE WILL DO OUR BEST TO PLACE THEM IN A ROOM.

I agree to pay all financial obligations incurred by my attendance at the Lyme Academy College of Fine Arts of the University of New Haven.

Student Signature: _____ Date: _____

PAYMENT: Check/Money Order # _____ Amount \$ _____

Credit Card: Visa Mastercard American Express Discover

Card # _____ Amount \$ _____ Expiration Date _____

3-Digit Security Code (Visa/MC) _____ 4-Digit Security Code (AmEx Only) _____

Cardholder Name _____

Cardholder Address _____

Cardholder Signature _____

OFFICE USE ONLY:

Date Received _____ By _____

I authorize the University to publish or have published on its behalf for public relations purposes: photos, videos, and other likenesses of the applicant, the applicant's voice, and/or the applicant's name, hometown, major, honors, sports, and other activities (whether in print or electronically, including but not limited to use in social media, on websites, and by any other means now known or hereafter developed), at any time after the University issues an offer of admission to the applicant. The applicant may rescind this publicity authorization (or any part of it) by notifying the University's Marketing & Communications Department in writing at any time. Upon receipt of such notice, the University will promptly cease all future publicity uses of the rescinded subject matter, but shall not be required to remove any such subject matter from any previously published materials.

