



2017-2018 Part-Time Undergraduate Enrollment Commitment Form

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: _____

- I intend to enroll part-time at the University of New Haven!
I am interested in Fall Semester Spring Semester
I will be a First-Year Student Transfer Student BSPS Student

*Please note that you should complete this form as soon as you decide to attend the University of New Haven.

Are you active/inactive Military Personnel? Yes No

If yes, do you plan to use GI Bill, Yellow Ribbon, Vocational Rehabilitation, or any other military or Veteran educational benefit?
Yes No

EMPLOYMENT RECORD:

Employer Name: _____

Employer Address: _____ City: _____

Work Telephone: _____

Does your employer have a tuition assistance plan? Yes No

If yes, please provide the name and contact information of the appropriate person at your company/organization who handles tuition assistance _____

I agree to pay all financial obligations incurred by my attendance at the University of New Haven.

Student Signature: _____ Date: _____

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 Upon receipt of such notice, the University will promptly cease all future publicity uses of the rescinded subject matter, but shall not be required to remove any such subject matter from any previously published materials.

OFFICE USE ONLY:

Date Received _____ By _____