



2019 Spring Semester 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: \_\_\_\_\_

Yes, I intend to enroll at the University of New Haven for the Spring 2019 semester. I intend to be a:

- Resident Student – Please enclose your non-refundable \$500 Enrollment Commitment Fee
 Commuter Student – Please enclose your non-refundable \$300 Enrollment Commitment Fee

Please Note: \$300 of the Enrollment Commitment Fee is applied to a student's bill as their orientation and registration fees. It is not applied towards tuition bills. The additional \$200 for resident students is applied towards the student's housing bill.

I am enrolling as a:  First-Year Student  Transfer Student

\* The priority date to pay your Enrollment Commitment Fee for the Spring 2019 semester is January 11, 2019. However, the fee should be paid as soon as the student decides to definitely attend the University of New Haven. Please note that classes for the spring semester will begin on January 23, 2019.

THIS FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE TO ANOTHER SEMESTER. PLEASE DO NOT PAY YOUR ENROLLMENT COMMITMENT FEE UNTIL YOU HAVE DEFINITELY DECIDED THAT YOU WILL ATTEND THE UNIVERSITY OF NEW HAVEN.

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

If yes, please contact our Coordinator for Military and Veteran Student Recruitment before completing the remainder of this form.

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.