



2018 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 2018 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 2018 semester is January 12, 2018. 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 17, 2018.

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 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.