



2017-2018 Transfer Student 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 Fall 2017 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 pay your Enrollment Commitment Fee for the fall semester is May 1, 2017. However, please pay this fee as soon as possible in order to secure a spot in one of our orientation and registration programs.

THE FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE TO ANOTHER SEMESTER.

Please note that university-sponsored housing for transfer students is extremely limited for both on- and off-campus options. Students who pay a deposit later in the process may end up on a wait list for housing.

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

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.