



# 2009-2010 Enrollment Commitment Form

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Permanent Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I intend to be a: (check one)

- Resident Student – Please enclose your \$400 Enrollment Commitment Fee – Note: Housing assignments are made based upon the date of receipt of your enrollment commitment fee
- Commuter Student – Please enclose your \$200 Enrollment Commitment Fee

I intend to enroll for the:       Fall 2009\* semester       Spring 2010\*\* semester

*\* The priority date to pay the Enrollment Commitment Fee is May 1, 2009 for the Fall 2009 Semester. However, the deposit should be paid as soon as the student decides to attend UNH. Students accepted after May 1, 2009 must pay the deposit within 2 weeks of the date of the acceptance letter. **The fee is non-refundable and is non-transferable to another semester.***

*\*\* The priority date to pay the Enrollment Commitment Fee is January 2, 2010 for the Spring 2010 semester. Students accepted after January 2, 2010 must pay the deposit within 2 weeks of the date of the acceptance letter. **The fee is non-refundable and is non-transferable to another semester.***

I do not intend to enroll at UNH. Please withdraw my application. I plan to attend the following college or university \_\_\_\_\_ . Please share with us the reason you will not be attending UNH \_\_\_\_\_

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

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

PAYMENT:       Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Money Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card       Visa                       Mastercard                       American Express

Card # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

3-Digit Security Code (Visa/M) \_\_\_\_\_      4-Digit Security Code (AmEx Only) \_\_\_\_\_

OFFICE USE ONLY:

Date Received \_\_\_\_\_ By \_\_\_\_\_