Enrollment Decision Form – Fall 2018

Once your deposit check has been received by the office of admissions, your place in the upcoming semester is secured. Submission of your deposit and deposit form serves as your acknowledgement of your responsibility of all tuition and fees incurred as a student of the Women’s College.

When submitting your deposit form and check, following these guidelines will ensure quick and efficient processing of your paperwork:

1. Provide all information requested on this form including signature.

2. Attach a check or money order payable to Notre Dame of Maryland University. (Credit card accepted over phone)

3. Mail the form and attached check or money order to:

 Office of Admissions, Women’s College, Notre Dame of Maryland University, 4701 North Charles Street Baltimore, MD 21210

RESIDENT STUDENTS

**Your $500 deposit is preferred by May 1st, 2018** and will be applied to the first semester charges. Please note that your deposit is non-refundable.

COMMUTING STUDENTS

**Your $300 deposit is preferred by May 1st, 2018** and will be applied to the first semester charges. Please note that your deposit is

non-refundable.

All Students please complete the following information (print legibly):

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State ZIP code

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification (check one): First-year Transfer Residence Status (check one): Resident Commuter

I hereby indicate my decision to enroll at Notre Dame of Maryland University for the semester indicated above. I am enclosing the appropriate fee as indicated above. I understand that my enrollment is also subject to the university’s receipt and review of my final, official transcript, complete with date of graduation if applicable.

□ check/money order enclosed (made payable to Notre Dame of Maryland University)

□ credit card (please call 800-435-0200 during normal business hours to make payment over phone; please note this signed form must still be sent in the mail to secure your place in the class.)

I do not accept the opportunity to enroll at Notre Dame of Maryland University.

Instead, I am planning to attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

To assist our research, please comment on the specific reason for your decision in the space below: