



ENROLLMENT FORM

Please complete and return with your
Non-refundable \$200.00 Enrollment Deposit payable to Elms College to:

**Director of Admission
Elms College
291 Springfield Street
Chicopee, MA 01013-2939**

___ I will attend Elms College beginning September, 2009.
Enclosed is my non-refundable \$200.00 Enrollment Deposit.
This deposit is an initial payment on tuition and will appear as a credit on your bill.

___ I will not be attending Elms College.
I have chosen to attend: _____

My reason for attending elsewhere is: _____

Please make any corrections below

Social Security #: _____

Name of Student: _____

Home Address: _____

E-Mail Address: _____

Intended Major(s): _____

***Resident/Commuter:**

*We anticipate that space in our residence halls will be limited for September. We will not be able to guarantee a spot in our residence halls after the May 1 Nationwide Candidate Reply Date. In addition, we may require a \$250.00 room security deposit to hold a spot in the residence halls. If necessary, information will be sent at a later date.

If semester bills should be sent to a different name and/or address, please complete below

Name: _____

Address: _____

Street

Apt. #

City

State

Zipcode

Phone Number: ____ () _____