



Enrollment FORM

Please complete and return with your \$200.00 non-refundable enrollment deposit to:

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

Yes! I will attend Elms College beginning September 2019.

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 would like to defer my decision until May 1, the Nationwide Candidate Reply Date.
A new enrollment form will be mailed to me at a later date.

I will not be attending Elms College.

I have chosen to attend: _____

My reason for attending elsewhere is: _____

Social Security Number: _____

Name of Student: _____

Home Address: _____

Phone Number: () _____

E-Mail Address: _____

Intended Major(s): _____

Resident/Commuter: _____

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

Name _____

Address _____
