



Enrollment FORM

Please complete and return to:

Office of Graduate Admission
Elms College
291 Springfield Street
Chicopee, MA 01013

(This form can be returned by email to grad@elms.edu.)

Yes! I will attend Elms College.

(If you did not pay your non-refundable \$200.00 enrollment deposit, please include a check with this document - your deposit is an initial payment on tuition and will appear as a credit on your bill.)

I would like to defer my decision.

I will not be attending Elms College.

I have chosen to attend: _____

My reason for attending elsewhere is: _____

Name of Student: _____

Home Address: _____

Phone Number: _____

E-Mail Address: _____

Intended Program: _____

Office of Graduate Admission • grad@elms.edu

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