Acceptance Deposit Form

Please print or type your information and return this form via fax or mail with your non-refundable $1,500 (residential)/$500 (commuter) acceptance deposit. Preferred form of payment is check (payable to Sacred Heart University) or credit card (see below). Form may be faxed to 203-365-7607 or mailed to: Sacred Heart University, Office of Undergraduate Admission, 5151 Park Avenue, Fairfield, CT 06825-1000.

- Acceptance deposits are **non-refundable** and should be **postmarked by May 1st.**
- Preferred form of payment is check (payable to Sacred Heart University) or credit card.
- All deposits are applied as credit to a student's bill for the first semester.
- Housing is available on a first-come, first-serve basis. Students will automatically be placed on a waiting list should housing be full.
- Sacred Heart University has the right to withdraw its offer of admission under the following conditions:
  - In the event any part of your application contains misrepresentations;
  - You do not receive a diploma by the end of the current school year (for entering freshmen);
  - You submit a deposit to more than one college/university;
  - There is a significant drop in your academic profile during your senior year (for entering freshmen) or current semester (for entering transfers).

Please check: _____Freshman _____Transfer **Entry Term**: Fall 20_____ Spring 20_____

Student's Social Security Number: _____

Student's Last Name First Name Middle Initial

Street Address City/Town

State Zip Code Phone

Mail semester bills to:

(Name and contact information if different from above)

CREDIT CARD AUTHORIZATION (Charge card information cannot be processed without a s**ignature** and the **dollar amount** to be charged. The accuracy of the information provided is the responsibility of the signer. **Declined cards are subject to a $25.00 processing fee.)**

(Check one): Master Card_____ Visa Card_____

Card Number: _____ Expiration Date: _____/_____/_____

I hereby authorize Sacred Heart University to charge my credit card in the amount* of $_____

Card Holder's Name: (Please print): _____

Card Holder's Address: _____

Card Holder's Phone: _____ Card Holder's Signature: _____