



DEPOSIT CONFIRMATION

Please return this form with \$500 Deposit (check, money order or credit card) by deadline indicated in your acceptance letter.
If you are paying by check please write on check: Student's name, last four digits of student's Social Security Number or their Duquesne University Institutional ID (Begins with a "D" and was included with the letter of admission) and Starting Semester.

NAME _____ Last 4 digits of SS# XXX-XX- _____

ADDRESS _____ Insitutional ID: D _____

City _____ State _____ Country _____ Zip Code _____

Have you been accepted by another college? Yes No

If yes, then please list the other college to which you were ACCEPTED, but decided not to attend.

State/Location of School: _____

If no, was Duquesne your only choice? Yes No

If you have decided NOT to attend Duquesne, please check:

School you will attend: _____ State/Location of School: _____

Credit Card: Visa Mastercard Discover Card # _____

Name on Card _____ Expiration Date _____

SIGNATURE _____ DATE _____

STATUS:

- Freshman
- Transfer
- Re-Admit

TERM OF ENROLLMENT:

- Summer
- Fall
- Spring

SCHOOL:

- Liberal Arts
- Business
- Education
- Forensic Sciences
- Health Sciences
- Music
- Natural & Environmental Sciences
- Nursing
- Pharmacy

DEPOSIT AMOUNT: \$500

- Resident
- Commuter