



**CLASS OF 2018
ENROLLMENT RESERVATION FORM**

Please return this form, postmarked by May 1, 2014, to:

John Carroll University
Office of Undergraduate Admission
1 John Carroll Boulevard
University Heights, OH 44118

OR visit jcu.edu/deposit to submit your enrollment reservation form and deposit online via credit card.

Banner ID:

Name:

Address:

City, State, Zip:

Home Phone:

Cell Phone:

Preferred Email:

☐ **I plan to enroll** at John Carroll University!

Residency Status:

I intend to... ☐ **Live on campus.** Enclosed is my **\$300 enrollment deposit** in the form of a check made payable to John Carroll University.*

☐ **Commute from home.** Enclosed is my **\$300 enrollment deposit** in the form of a check made payable to John Carroll University.

**\$200 of this deposit will be placed as a Security Deposit for Residential Students. The other \$100 serves as an advance payment on your first semester tuition bill.*

☐ **I do not plan to enroll** at John Carroll University. Please withdraw my application. Instead, I will be attending:

College/University

City/State

You can also visit jcu.edu/withdraw to submit this form and officially withdraw your application to JCU.

Student Signature: _____

Date: _____