



DEPOSIT CONFIRMATION

Please return this form with a **\$500 deposit** (payable by check, money order or credit card) by the deadline indicated in your acceptance letter. If you are paying by check, please include the following information on the check: the student's name, the last four digits of student's Social Security Number (or their Duquesne University Institutional ID, which begins with a "D" and can be found on the acceptance letter) and starting semester.

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

Address _____ Institutional ID: D _____

City _____ State _____ ZIP Code _____ High School Graduation Date _____

Have you been accepted by another college or university? Yes No

If **"Yes"**, please list the other school to which you were *accepted but decided not to attend*:
_____ State/Location _____

If **"No"**, was Duquesne your only choice? Yes No

Credit Card: Visa Mastercard Discover Card # _____

Name on Card _____ Expiration Date _____

Signature _____ Date _____

STATUS

- Freshman
- Transfer
- Re-Admit
- Second Degree

SEMESTER

- Summer
- Fall
- Spring

ENROLLMENT

- Liberal Arts
- Biomedical Engineering
- Business
- Education
- Health Sciences
- Music
- Natural & Environmental Sciences
- Nursing
- Pharmacy
- Spiritan Division

HOUSING

- Campus Resident
- Commuter