



Commitment Deposit Form

Last Name	First Name	Date	M.I.	Date of Birth
Address, City, State, Zip Code				
Cell Phone Number	Other Contact Number	Email Address		Gender Identity

Please indicate your intended enrollment status:

<input type="checkbox"/> International Student (\$400.00)	<input type="checkbox"/> Freshman Resident (\$100.00)
<input type="checkbox"/> Re-Admit or Transfer Resident (\$100.00)	<input type="checkbox"/> Freshman Commuter (\$100.00)
<input type="checkbox"/> Re-Admit or Transfer Commuter (\$100.00)	<input type="checkbox"/> Graduate Resident (\$100.00)
	<input type="checkbox"/> Graduate Commuter (\$100.00)

Please indicate your payment method:

Pay by Check <input type="checkbox"/>	Pay by Money Order <input type="checkbox"/>	Pay by Credit Card <input type="checkbox"/>	Pay by Cash <input type="checkbox"/>
Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>	American Express <input type="checkbox"/>	Discover <input type="checkbox"/>
Name on card	Card Number	3-Digit Security Code	Expiration Date
Cardholder Signature			

If you are paying your deposit by check or money order, please make check payable to Post University and return your payment with this form. If you prefer to pay by credit card you may mail this form to the below address, **fax** to the Admissions Office **(203) 841-1163**, pay over the **phone (203) 596 4555**, or email the form to **PostAdmissions@post.edu**.

**Office of Main Campus Admissions
Post University
800 Country Club Road
Waterbury, CT 06708**