



University of the Virgin Islands
Access and Enrollment Services/Admissions Office

CHECK ONE
<input type="checkbox"/> Albert A. Sheen Campus, St. Croix
<input type="checkbox"/> St. Thomas Campus

ENROLLMENT CONFIRMATION AND DEPOSIT FORM

Instructions: This form must be returned with a \$100.00 (USD) **non-refundable** Enrollment Deposit Fee. Please include your name and student ID number on the check or money order made payable to the "University of the Virgin Islands"; **do not send cash**. The deposit is mandatory in order to facilitate plans for orientation, registration, and enrollment; all admitted students are required to submit this Enrollment Confirmation and Deposit form by **June 15** for the fall semester or by **December 1** for the spring semester. *If you defer your application, you will forfeit your \$100.00 enrollment deposit for the term accepted.*

NAME	STUDENT ID (Provided in acceptance letter)
MAILING ADDRESS (PO Box or Street Number)	CITY/STATE/ZIP
PHONE NUMBER	EMAIL ADDRESS
NAME OF EMERGENCY CONTACT	RELATIONSHIP OF EMERGENCY CONTACT TO YOU
EMERGENCY CONTACT ADDRESS	EMERGENCY CONTACT PHONE NUMBER

ENROLLMENT DECISION:

I plan to enroll for the:

- Fall Semester 20_____ (August—December)
- Spring Semester 20_____ (January—May)

STUDENT TYPE:

- New Freshman
- Transfer Student
- Readmitted Student
- Continuing Student
- Graduate Student

ENROLLMENT STATUS:

Undergraduate Students	Graduate Students
<input type="checkbox"/> I intend to enroll full-time (12 credits or more)	<input type="checkbox"/> I intend to enroll full-time (9 credits)
<input type="checkbox"/> I intend to enroll part-time (11.5 credits or less)	<input type="checkbox"/> I intend to enroll part-time (less than 9 credits)

PLEASE READ AND SIGN

I understand:

That following a favorable decision on my application, I will be notified to confirm my intent to enroll by making a non-refundable deposit of \$100.00. If I register as expected, the deposit will be credited to the tuition charge for that semester. If I do not register, however, the enrollment deposit will be forfeited and cannot be used to offset any other charges that I have incurred, and I will be required to resubmit an enrollment deposit for the intended term.

That the Health form, including proof of immunization, must be completed and returned to the appropriate campus Student Health Services Office prior to registration or moving on campus.

STUDENT SIGNATURE: _____ **DATE:** _____