WESTERN NEW ENGLAND

Fall 2017-2018 Admissions Response Form

Name:				
(Please Print)	Last Name	First Name	(MI)	
SS#:		Email Address:		
Cell Phone:()		Parents' Email Address:		
Your current mailing address:				
Ū	Number & Street (or PO Box #)	City	State Zip	

This form should be **RECEIVED by Monday, May 1, 2017 OR, if accepted after May 1, within 14 days of the date** of your acceptance letter to guarantee a place in the entering class.

PART A. PLEASE CHECK THE APPROPRIATE BOX.

- □ I plan to enroll at Western New England University in the fall of 2017 as a **resident** student. Enclosed is my **nonrefundable \$400** deposit (\$100 tuition deposit and \$300 room deposit), which will be applied toward my first semester bill.
- I plan to enroll at Western New England University in the fall of 2017 as a commuter student. Enclosed is my nonrefundable \$100 deposit, which will be applied toward my first semester bill.
- I do not plan to attend Western New England University in the fall of 2017. I have chosen to attend______
- □ I would like to remain on your mailing list. I may consider enrolling in: □ Fall □ Spring 201_____

PART B.

All students must check YES or NO to answer the following questions. It is your responsibility to provide the University with any information regarding incidents that have occurred since your acceptance to the University, or any incidents that occur prior to your enrolling at the University.

- Have you been suspended, dismissed, or expelled from a post-secondary educational institution since you submitted your application to Western New England University?
 Yes
 Yes
 If yes, please submit a statement outlining the specifics of the incident and how it was resolved.
- Have you been convicted of a felony (without the record being sealed or expunged)? Yes No
 2a: If yes, please submit a statement outlining the specifics of the incident and how it was resolved.

PART C.

I am aware that all charges for tuition and fees are my responsibility and must be paid as agreed. Failure to make payment as agreed may result in additional costs including all costs of collection incurred by the University. I also certify that the answers to the questions in Part B are correct. Furthermore, I agree to be bound by the rules and regulations as promulgated in the Student Code of Conduct, and the Resident Student Housing Agreement of Western New England University at all times while I am enrolled as a student at the University.

Student Signature:	Date:
Parent/Guardian (if student is under 18):	
(Printed name)	(Signature)

Return form to: Western New England University, Admissions Office, 1215 Wilbraham Road, Springfield, MA 01119-2684 Fax: 413-782-1777 • learn@wne.edu