



## Intent to Register

**Congratulations on your admission to Laurel University!** This form is to indicate your desire to claim a spot in our course line-up. Complete this form and return it to the Office of Admissions with your \$100.00 deposit (check or money order). This deposit is applied toward your tuition for fall semester and nonrefundable.

**I accept your offer of admission to Laurel University for the Fall 2016 semester.**

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State/Province, ZIP/Postal Code: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Please select one of the following:

- I will attend Registration on Saturday, June 25 from 9:00am — 1:00pm.
- I will schedule an appointment with the Registrar to register.

**Return this completed form with your \$100.00 deposit to:**

Laurel University  
Main Office  
1215 Eastchester Drive  
High Point, NC 27265

