Enrollment Commitment Form

Please clearly print all requested student information below and return this form to Main Campus Admissions.

The form may be submitted online via the student portal or printed and mailed to:

Office of Main Campus Admissions
Torrance Hall
800 Country Club Road
Waterbury, CT 06708

Last Name: _____ First Name: _____ MI: _____

Date of Birth: __ __ / __ __ / __ __ __ __ Social Security Number: __ __ __ - __ __ - __ __ __ __ Gender: _____

Permanent Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

YES, I intend to enroll at Post University for: ☐ **Fall Semester** ☐ **Spring Semester**

I am enrolling as a:

☐ **Resident Student**
Please enclose your non-refundable $400 Enrollment Commitment Fee (Deposit)

☐ **Commuter Student**
Please enclose your non-refundable $250 Enrollment Commitment Fee (Deposit)

FIRST-YEAR & TRANSFER STUDENTS

Your next step in the enrollment process is to submit your enrollment commitment form within 2 weeks of acceptance. We encourage you to submit this payment as soon as possible to secure a registration appointment.

Are you an active or inactive military personnel? ☐ **Yes** ☐ **No**

If yes, do you plan to use the GI Bill®, Yellow Ribbon, Vocational Rehabilitation, or any other military or veteran educational benefits? ☐ Yes ☐ No

Post is eager to celebrate community. I understand that by being on Post University's Main Campus, I may appear in photos, images, videos, sound clips, and interviews that may be used on campus or in marketing materials. I grant Post University, its successors, assigns, and any other person or legal entity acting with its permission, the right to use, publish, prepare derivative works from, sell, assign, and/or copyright my likeness, picture, portrait, video, photograph, sound and/or voice recording, and written works in all forms of media for any lawful purpose, including, for example, promotion, advertising, marketing, and fundraising.

YOUR ENROLLMENT COMMITMENT FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE TO ANOTHER SEMESTER. PLEASE DO NOT PAY YOUR DEPOSIT UNTIL YOU HAVE DECIDED THAT YOU WILL BE ATTENDING POST UNIVERSITY.

I agree to pay all financial obligations incurred by my attendance at Post University.

Student Signature: _____ **Date:** _____