

UNDERGRADUATE INTENT TO ENROLL

Congratulations on your acceptance and welcome to St. Louis College of Pharmacy!

To accept your offer of admission and confirm your intent to enroll at the College, complete and submit this form with your \$300 enrollment deposit by May 1. Deposits are nonrefundable unless you contact the Office of Admissions in writing prior to May 1.

TO BE COMPLETED BY THE STUDENT

FIRST NAME	LAST NAME	STUDENT ID NUMBER
ADDRESS LINE 1		
ADDRESS LINE 2		
CITY	STATE	ZIP

SIGNATURE

In signing this form and declaring your intent to enroll at St. Louis College of Pharmacy, you agree to abide by all College policies, both academic and nonacademic. You acknowledge that as a student, you are responsible for reading, understanding and complying with the information, rules, and policies outlined in the Academic Catalog, student codes and handbooks, and institutional policies.

The Academic Catalog contains the official policies, rules, and regulations of the College. In the event of a conflict between the Academic Catalog and other verbal or written statements, the Academic Catalog shall be controlling. The College reserves the right to amend the Academic Catalog, handbooks, and other policy statements at any time and without advance notice.

Check a box below to indicate your decision.

- I accept my offer of admission and plan to enroll at St. Louis College of Pharmacy. I have included a \$300 enrollment deposit. I understand that my deposit is nonrefundable unless I contact the Office of Admissions in writing by May 1.
- I decline my offer of admission and understand that I forfeit my scholarships and financial aid at St. Louis College of Pharmacy. Instead, I intend to enroll at the following institution:

COLLEGE/UNIVERSITY

REASON FOR DECLINING

NAME

DATE