Coastal Carolina University
Fall 2008 • Enrollment Notification Card

Please respond by May 1, 2008.

LAST NAME

SOCIAL SECURITY NUMBER ___ - ___ - ____

FIRST NAME

HOME TELEPHONE

PERMANENT ADDRESS (SKIP ONE BOX BETWEEN NUMBER AND STREET)

P.O. BOX, RFD, STREET

CELLULAR TELEPHONE

CITY

STATE **ZIP CODE** **ZIP+FOUR**

E-MAIL

ACADEMIC MAJOR

STATUS

☐ **Freshman** ☐ **Transfer**

Is the information listed above the same as it is on your application? ☐ Yes ☐ No

Please check the appropriate response:

☐ **I will enroll at Coastal Carolina University for the Fall 2008 Semester; enclosed is my $100 advance deposit.**

- ☐ I have requested my final official transcript(s) be mailed to Coastal Carolina University.
- ☐ I would like to receive information about Coastal's services for students with documented disabilities.

☐ **I have decided not to enroll at Coastal Carolina University.**

- Please list the college or university you will be attending, if applicable.
- My primary reason(s) for not enrolling at Coastal Carolina University includes:
  - ☐ Distance from home
  - ☐ Academic programs
  - ☐ Plan to participate in sports at another college
  - ☐ Financial aid package offered at another college
  - ☐ Cost
  - ☐ Other _____

Please complete and return this card with your $100 advance payment (check, money order, or credit card information) to the Office of Admissions in the postage-paid envelope provided. A charge card form has been added to the bottom of this form for your convenience. **Please do not send cash.** Refund policies are outlined in the Enrollment Handbook. No enrollment deposit refunds are processed after May 1, 2008 for the Fall 2008 semester.

Credit Card Authorization for Payment of Enrollment Notification Fee

(Please complete this section only if you are paying the application fee by credit card. Please PRINT clearly.)

I authorize the use of my credit card account. AMOUNT $100

Name (as it appears on credit card) _____

Signature _____ **Daytime telephone (** _____ **)** _____

16-digit Credit Card Number ____ - ____ - ____ - ____ **Expiration date** __ - __ - __

Please check appropriate card: ☐ **MasterCard** ☐ **Visa** ☐ **Discover**