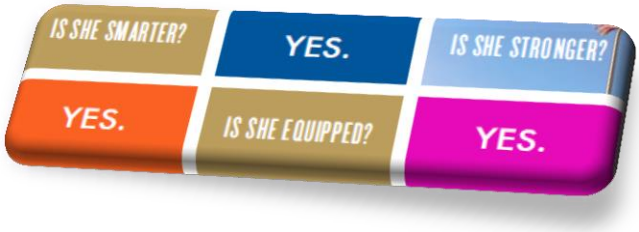
BAY PATH UNIVERSITY 1897



Last Name: _____ First Name: _____ Middle Initial: ____

Date of Birth (month/day/year): ____/_____/_____ Social Security # : _____-_____-_____

Phone: (___)_____ Cell Phone: (___)_____ E-mail:_____

Permanent Legal Address:

Address: _____

City: _____

State: _____ Zip Code: _____

Mailing Address (If Different):

Address: _____

City: _____

State: _____ Zip Code: _____

I plan to enroll at Bay Path University in September 2014 as a:

If paying by check, please make payable to Bay Path University

☐ Resident student. ☐ Enclosed is my $300.00 deposit ☐ Submitted online through PayPal

☐ Commuter student. ☐ Enclosed is my $200.00 deposit ☐ Submitted online through PayPal

I do not plan to attend Bay Path University at this time.

☐ I will be enrolling in the military

☐ I am not enrolling in college at this time

☐ Bay Path University is not my first choice school. I will be enrolling at: _____

If not enrolling at this time, indicate when you might consider enrolling: September 20___ ☐ January 20___

If you are a dependent student, provide the name and address of the individual(s) who should receive all bills from the University (This should be someone other than yourself). Each name listed may be contacted.

Name(s): _____ Best time to contact: ☐ Day ☐ Evening

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (___)_____ E-mail: _____

Parent/Guardian Signature: _____ **Date:** _____

ACKNOWLEDGEMENT: I am aware that all charges for tuition and fees are my responsibility and must be paid in accordance with Bay Path University policy. I further agree to abide by all rules of Bay Path University. I also agree that the university may use my name and/or picture in any university literature or publications. I fully understand my rights and duties and agree to abide by them.

Student Signature: _____ **Date:** _____

University Use Only

I hereby acknowledge and accept payment of $_____ in the form of _____ Date: _____

Admission Representative: _____