



University of the Virgin Islands

Division of Enrollment Management - Admissions and New Student Services

ENROLLMENT CONFIRMATION & DEPOSIT FORM

CHECK ONE

- St. Croix
- St. Thomas

Official use only

Instructions: This form must be returned with a \$100.00 (U.S.) **non-refundable** Enrollment Deposit Fee. Please include your name and social security number on the check or money order made payable to the "University of the Virgin Islands"; **do not send cash**. In order to facilitate plans for orientation, registration and enrollment, all admitted students are required to submit this Enrollment Confirmation & Deposit Form by July 15, for the Fall Semester or by December 1, for the Spring Semester. **The \$100.00 deposit will be applied to tuition and fees for the semester in which you intend to enroll, as indicated below.**

Name _____ Social Security # _____
 Mailing Address _____ Telephone # _____
 _____ E-mail Address _____
City State Zip Code
 Parent(s) Name(s) _____ / _____ Address _____
Mother Father

Enrollment Decision: I plan to enroll for the Fall Semester 20____ (Aug.- Dec.) Spring Semester 20____ (Jan.- May)
Student Type: New Freshman Transfer Student Re-admitted student Previously enrolled Part-time at UVI Graduate Student
Housing: Housing is available for students who plan to pursue full-time studies, only.
 I plan to live on Campus and have submitted the Housing Application and Deposit. Check on St. Thomas St. Croix
 I do NOT plan to live on campus
For more information on Student Housing, call (340) 693-1110 for the St. Thomas Campus or (340) 692-4194 for the St. Croix Campus

Enrollment Status:

- I intend to enroll full-time. (12 credits or more)
- I intend to enroll part-time. (11.5 credits or less)

Class Scheduling Preference:

- I prefer day classes.
- I prefer evening classes.

Although your class scheduling preference can not be "guaranteed," every attempt will be made to meet your preference depending on curriculum requirements and availability of classes.

Additional Information

Has anyone in your family graduated from UVI? If yes, indicate Name: _____ Relationship _____

Have you ever participated in:

- Choir Band/Orchestra Basketball Netball Softball Track & Field Soccer Tennis Volleyball
- Student Council Drama/Theater other activities _____

Will you require special services to accommodate a disability? Yes No If yes, explain _____

PLEASE READ AND SIGN I understand:

- 1) that acceptance is valid for one academic year as indicated in my acceptance letter, however, the Enrollment Deposit is applicable only to the semester I indicated above. If I do not register during that year, I must reapply for admission and resubmit the enrollment deposit fee.
- 2) that the Health form, including proof of immunization, must be completed and returned to the University of the Virgin Islands prior to registration or moving on campus. Mail to: Student Health Services, St. Thomas Campus or Student Health Services - St. Croix Campus

Student Signature _____

Date ____/____/____