INTENT TO ENROLL FORM

Please complete and return this form with your nonrefundable deposit of $250 (check or money order made payable to Adelphi University) by Thursday, May 31, 2018 to:

Adelphi University
Attn: Dorey Veron
Office of High School and Pre-College Programs
Nexus Building, Room 104
One South Ave.
Garden City, NY 11530

Last Name, First Name _____________________________________________________________

SSN ___________________________ Adelphi ID _____________________________

Home Address _________________________________________________________________

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Email _________________________________________________________________

Phone # ___________________________ Living On-Campus? Yes _____ No _____