



Welcome to CU-Boulder! Please verify the information below. Read and sign this form, and return it to the Office of Admissions.

Name (Last Name, First Name, Middle Name)

Student Identification Number (SID)

Birthdate

Term and Year: Spring Summer Fall 20_____

Tuition Classification: Resident Non-Resident

Total Enrollment Deposit Required: \$200 (make check payable to "University of Colorado")

I hereby confirm my intent to enroll at the University of Colorado Boulder. I understand that my confirmation deposit is applicable only for the term indicated above and is **not refundable** if I decide later not to register for classes. If I register for courses and then withdraw before completing my first semester, I will be assessed tuition in the amount of \$200 or greater, depending on when I withdraw.*

Signature

Date

Parent/Guardian Signature

Date

Undergraduate Students:

Office of Admissions
Regent Administrative Center 125
University of Colorado Boulder
552 UCB
Boulder, CO 80309-0552

Graduate Students:

Graduate Admissions
University of Colorado Boulder
553 UCB
Boulder, CO 80309-0553

All students, if mailing **overnight or express mail**, use:

Office of Admissions Operations
3100 Marine St.
Bldg RL3 Suite A-122
Boulder, CO 80303-1058

*Refer to the withdrawal calendar for the term for which you are registering. Pay close attention to the statements pertaining to new, readmitted, and transfer students. You can find the withdrawal calendar on the web at registrar.colorado.edu/students/withdraw.html