



CANDIDATE REPLY FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ I plan to attend Marymount Manhattan \_\_\_\_\_ I do NOT plan on attending Marymount Manhattan

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

\$200 Tuition Deposit \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Charge Credit Card

\$500 Non-Refundable Housing Deposit \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Charge Credit Card

Credit Card Payment:

VISA Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Master Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

American Express Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Discover Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_

Name on Card \_\_\_\_\_

Signature of Name on Card \_\_\_\_\_

Requirements to enroll at Marymount Manhattan College:

- Deposits will be credited to my first semester bill for tuition and housing.
Immunization form must be submitted prior to June 1.
Submission of final high school and/or college transcript(s) by August 1. Failure to do so may result in cancellation of classes and/or loss of financial aid.

I have read and understand the above conditions for matriculation to Marymount Manhattan College.

STUDENT SIGNATURE

PARENT SIGNATURE (if under 18)

DATE

PLEASE RETURN TO:
MARYMOUNT MANHATTAN COLLEGE
OFFICE OF ADMISSIONS
221 E. 71ST STREET
NEW YORK, NY 10021