

SAINT MARTIN'S UNIVERSITY

ENROLLMENT CONFIRMATION

Name (please print) _____

Street address _____

City _____

State _____ ZIP Code _____

Freshman Transfer

Yes, I will enroll for the following term:

Fall Year _____

Spring Year _____

Summer Year _____

I have enclosed my \$200 enrollment deposit.
(Please make checks payable to Saint Martin's University.)

No, I will not be attending Saint Martin's University.

I will be attending _____

Signature _____

Date _____

QUESTIONS?

Call 360-438-4596 or email admissions@stmartin.edu

If you are mailing your enrollment deposit check with this card, please use the enclosed postage paid envelope. Thank you.



Saint Martin's
UNIVERSITY

For additional information including housing deposit and application, health forms, and registration information, please visit: www.stmartin.edu/nextsteps