

# CATAWBA COLLEGE

## Intention to Enroll at Catawba College

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I WILL ATTEND CATAWBA COLLEGE!

- Residential Student:** I am paying my \$250 (non-refundable) enrollment deposit. I understand that this deposit holds my class schedule and my place in the residence halls.
- Commuting Student:** I am paying my \$250 (non-refundable) enrollment deposit, which holds my class schedule.

Note: In order to commute, you must meet one of the criterion below:

- I am 21 years of age or my 21st birthday occurs during the semester in which I wish to live off campus and my 21st birthday occurs prior to the last day of final exams during the fall semester, and prior to the date of commencement during the spring semester.
- I have completed at least 90 hours.
- I live at home with my parents or legal guardians.
- I am married or have a child.

\*\* Students enrolled in fewer than 12 semester hours may request on-campus housing through the Office of Housing and Residential Life.

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I WILL NOT attend Catawba College.

I have decided to attend: \_\_\_\_\_

Please let us know why you decided not to attend Catawba.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Student Information

Student's Name: \_\_\_\_\_ Country \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**(Please complete back of form – Thank you!)**

***Intention to Enroll (continued)***

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**Parent Information**

\_\_\_\_\_  
Mother's Full Name

\_\_\_\_\_  
Father's Full Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

If your parents' mailing address is the same as the one you listed for yourself, please do not complete this section; however, if their address is different, please complete.

\_\_\_\_\_  
Parents' Mailing Address

\_\_\_\_\_  
Country

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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The information I have provided on this form is true and accurate and I understand that my final enrollment is dependent upon completion of my current academic work, as well as receipt of my final transcripts. Prior to enrollment I understand that I must have completed and turned into the Student Affairs Office my Medical Forms.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_