INTENT TO ENROLL

Congratulations on your acceptance to the University of the District of Columbia! Please confirm your intent to enroll by completing this form and returning it in the envelope provided.

Please print legibly.

Name :

_____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ University ID: _____

Home Phone: _____ Cell Phone: _____

Sex: ☐ **Male** ☐ **Female**

☐ Yes, I will enroll for the **Fall 2011 TERM**

I will attend as:

- ☐ First time in college student
- ☐ Transfer
- ☐ Returning UDC student with no transfer credits
- ☐ Returning UDC student with transfer credits
- ☐ Non-Degree Seeking/Special Student

☐ No, I will not enroll at the University of the District of Columbia
I will attend:

_____
College/University

☐ I will not enroll at the University of the District of Columbia in Fall 2011, but I would like to enroll in Spring 2012.

_____
Signature Required