

DEADLINE DATE:

**OFFICE OF ADMISSION
ADMISSION DECISION FORM**

NOTE: Please complete and return along with your enrollment deposit for tuition in the amount of \$200 and an additional \$300 housing deposit for those students who plan to live on campus. **All deposits are non-refundable.**

You may use the enclosed envelope or mail to:

**OFFICE OF THE CASHIER
RIDER UNIVERSITY
2083 LAWRENCEVILLE ROAD
LAWRENCEVILLE, NJ 08648-3099**

Term you will enter: Fall 20__ Spring 20__ I am a Freshman or Transfer

Rider ID #: _____
(Please refer to your acceptance letter for this number)

Your name:

Mr./Ms. _____ Birth date: _____
Last First Middle Month Day Year

Your address: _____
Street

City State Zip

_____ I accept the offer of admission extended to me by Rider University, and I have enclosed my enrollment deposit in the amount of \$200. I understand that the deposit is **non-refundable** and will be applied to my tuition or fee charges for the term indicated above.

_____ I decline the offer of admission extended to me by Rider University.

Signature of Student Date

Signature of Parent or Guardian (if under 18 years of age) Date