

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth (month/day/year): ____/____/____ E-mail: _____

Phone: (____) _____ Cell Phone: (____) _____

Permanent Legal Address:

Address: _____

City: _____

State: _____ Zip Code: _____

Mailing Address (If Different):

Address: _____

City: _____

State: _____ Zip Code: _____

I plan to enroll at Bay Path University as a:

-
- Resident student \$300 Deposit*
-
- Commuter student \$200 Deposit*

If you are a dependent student, provide the name and address of the individual(s) who should receive all bills from the University (This should be someone other than yourself). Each name listed may be contacted.

 Name(s): _____ Best time to contact: Day Evening

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ E-mail: _____

Parent/Guardian Signature: _____ **Date:** _____

ACKNOWLEDGMENT: I am aware that all charges for tuition and fees are my responsibility and must be paid in accordance with Bay Path University policy. I further agree to abide by all rules of Bay Path University. I also agree that the university may use my name and/or picture in any university literature or publications. I fully understand my rights and duties and agree to abide by them.

Student Signature: _____ **Date:** _____

I do not plan to attend Bay Path University at this time.

-
- I will be enrolling in the military
-
-
- I am not enrolling in college at this time
-
-
- Bay Path University is not my first choice school. I will be enrolling at: _____

If not enrolling at this time, please indicate when you might consider enrolling: _____

***Deposit Payment:** Check enclosed Submitted online through PayPal Cash Credit card

If paying by check, please make payable to Bay Path University

 Credit Card Authorization: MasterCard Visa American Express Discover Amount: _____

Credit Card Number: _____ Expiration Date: _____

Card Holder Name: _____ Phone Number: _____

Billing Address: _____

Card Holder Signature: _____