

## **Graduate Studies Response Form**

Last/Surname:	First/Given Name:	
Email Address:		
	\$200 deposit within three weeks of receive via check or money order made out to W	ving your decision to guarantee a place in the Vestern New England University or
Part A. Please check the appropriate i	box.	
☐ I plan to enroll at Western New	w England for the following term (circle o	one)
September (fall)	January (winter) April (spring)	July (summer)
☐ I do not plan to enroll at Weste	ern New England University. The primary	reason for not enrolling at the University is
,	g is limited and offered on a first-come, fi	
Residence Life	e at 413-782-1317 or at kymberley.hendric	cks@wne.edu.
Part C. All students must check YES or NO to with any information regarding inciden occur prior to your enrolling at the Uni	nts that have occurred since your acceptan	ur responsibility to provide the University nce to the University, or any incidents that
1. Have you ever been suspended, disr	missed, or expelled from an educational ir	nstitution? ☐ Yes ☐ No
2. Have you ever been convicted of a f	felony (without the record being sealed or	r expunged)?
Part D.  I am aware that all charges for tuition a agreed may result in additional costs in answers to the questions in Part C are constant.	ncluding all costs of collection incurred by	e paid as agreed. Failure to make payment a y the University. I also certify that the
Student Signature:	Γ	Date:

Western New England University 1215 Wilbraham Road Springfield, MA 01119-2684 Fax: +1-413-782-1777 international@wne.edu

This form should be return to: