

FEED THE
FIRE
ALREADY
INSIDE YOU

*You have the passion.
You have the heart.
It's time to burn bright.*

CHECK BOX:

Yes, I will attend the University of Hartford.

I will be entering as a: First-year Transfer

Print Name

Date

Signature

TO RESERVE YOUR PLACE:

VISIT admission.hartford.edu/depositonline,
OR COMPLETE THIS CARD AND RETURN IT WITH THE
APPROPRIATE NONREFUNDABLE PAYMENT BY MAY 1.
FIRST-YEAR RESIDENT: \$500; FIRST-YEAR COMMUTER: \$350;
TRANSFER RESIDENT: \$300; TRANSFER COMMUTER: \$150.

Full Name

Birth Date

Mailing Address

City, State, ZIP

Home Telephone

Cell Phone

By completing the block above, you are opting in to receive an occasional
text message with news and updates from the Office of Admission.

**SELECT AN ORIENTATION SESSION AND MAKE PROPER
PAYMENT ON THE BACK OF THIS FORM.**

ORIENTATION REGISTRATION
PLEASE MARK YOUR PREFERENCE FOR
AN ORIENTATION SESSION BY WRITING
1 OR 2 ON THE APPROPRIATE LINE.

FIRST-YEAR/FIRST-YEAR TRANSFER
(including students with 1–23 college credits)

Session 1, June 1–2

Session 2, June 3–4

Session 3, June 8–9

Session 4, June 10–11

Session 5, Aug. 31–Sept. 1

You are encouraged to attend one of the first four sessions whenever possible. While we make every effort to accommodate your first preference, sessions are assigned on a first-come, first-served basis.

NONTRADITIONALLY AGED FRESHMEN (21 or older)
AND TRANSFERS (with 24 or more college credits):
WE RECOMMEND THAT YOU REGISTER FOR CLASSES
DIRECTLY WITH YOUR ADVISOR OR BY ATTENDING
ORIENTATION SESSION 5, AUGUST 31–SEPTEMBER 1.

**PLEASE INDICATE ANY SPECIAL DIETARY
RESTRICTIONS OR MOBILITY ISSUES THAT YOU MAY HAVE:**

ADDITIONAL INFORMATION ABOUT ORIENTATION, AS
WELL AS INSTRUCTIONS ON COMPLETING THE HOUSING
APPLICATION, WILL BE FORTHCOMING.

DEPOSIT PAYMENT

(Please make checks payable to the University of
Hartford and include with this form.) **COMPLETE
DEPOSIT PAYMENT WILL SECURE HOUSING AND
ANY UNIVERSITY FINANCIAL ASSISTANCE OFFERED.
FORMS SUBMITTED WITHOUT PROPER AND
SUFFICIENT PAYMENT WILL NOT BE PROCESSED NOR
CONSIDERED TO HAVE MET THE DEADLINE.**

FORM OF PAYMENT

Billing ZIP Code

Telephone No.

Check Credit/Debit: (MasterCard, Discover, Amex, Visa)

Cardholder Name

Amount Charged

Card Number

Expiration Date

Security Code (3–4 digit)

Cardholder Signature

