

*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:  Freshman  Transfer

Print Name

Date

Signature

**TO RESERVE YOUR PLACE:**

VISIT [admission.hartford.edu/depositonline](http://admission.hartford.edu/depositonline),  
OR COMPLETE THIS CARD AND RETURN IT WITH THE  
APPROPRIATE NONREFUNDABLE PAYMENT BY MAY 1.  
FRESHMAN RESIDENT: \$500; FRESHMAN 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.**

**FRESHMAN/FRESHMAN TRANSFER**  
(including students with 1–23 college credits)

Session 1, June 2–3

Session 2, June 4–5

Session 3, June 9–10

Session 4, June 11–12

Session 5, August 25–26

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 25–26.

**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

