ADVANCED TUITION DEPOSIT FORM

PLEASE RETURN THIS FORM WITH A *NON-REFUNDABLE* $100 PAYMENT TO:

BURSAR'S OFFICE
CALIFORNIA UNIVERSITY OF PA
250 UNIVERSITY AVE
CALIFORNIA, PA 15419

Make Check Payable to: ***California University of Pennsylvania***

NAME: _____
(LAST) (FIRST) (MI)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CAMPUS WIDE I.D. NUMBER_____ TELEPHONE: (_____)_____-_____

I PLAN TO ENTER THE UNIVERSITY:

Semester	**Year**
FALL	**20____**
SPRING	**20____**
SUMMER	**20____**

DO NOT WRITE BELOW THIS LINE

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ADV TUITION DEPOSIT PAID ON: _____ RECEIPT #: _____