

This form must be signed and returned  
AFTER you have been accepted.



## Decision to Enroll at Louisburg College for FALL 2018

**After being accepted**, you must pay a deposit in the amount of \$200 (residential students), or \$100 (commuting students) in order to reserve your spot at the College. **Please note that as of May 1, 2018 all deposits are nonrefundable.**

Please send your payment **with this form** to:

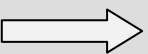
Louisburg College  
ATTN: Admissions Office  
501 N. Main Street  
Louisburg, NC27549

Make check or money orders payable to  
"Louisburg College." Include the state and driver's  
license number of the person who signs the check.

**Be sure to write the name of the student  
on the check or money order!**

To pay with a credit card, please contact the Admissions Office at 1(919) 497-3222. **After paying your deposit via credit card**, please complete this form and mail to the address above, or fax to (919) 496-1788, ATTN: Admissions Office. **You may also use this form to withdraw your application.**

**Reminder:** After paying your deposit, do not forget to make reservations for your **SOAR** event online at [www.louisburg.edu/SOARreservation](http://www.louisburg.edu/SOARreservation) or by calling us at 1 (800) 775-0208.

DECISION TO ENROLL					
Name of Applicant _____					
First		Middle		Last	
Mailing Address _____					
Street (or P.O. Box)					
City		State		Zip	
Cell # _____		Email _____			
<input type="checkbox"/> Yes, I plan to attend Louisburg College. My deposit of \$_____ is ENCLOSED.					
<input type="checkbox"/> Yes, I plan to attend. \$_____ was paid by credit card on _____ (date).					
<input type="checkbox"/> No, I do not plan to attend, please withdraw my application. (If checked, skip to bottom of page and sign/date.)					
I will be a (check one) <input type="checkbox"/> Residential Student (\$200 deposit) <input type="checkbox"/> Commuting Student (\$100 deposit)					
		Shirt Size (circle one)    Small    Medium    Large    X-Large    2XL			
Signature of the Applicant _____				Date _____	