

Enrollment Deposit/Withdrawal Form

I plan to enroll at Rensselaer.

Student name _____

Student address _____

City _____ State _____ Zip/Postal code _____ Country _____

Date of birth ____ / ____ / ____ Rensselaer Identification Number (RIN) **660** _____
MM DD YYYY

Check Money order

I authorize Rensselaer to charge my credit card \$300 for the nonrefundable enrollment deposit.

Cardholder name _____ Exp. date _____

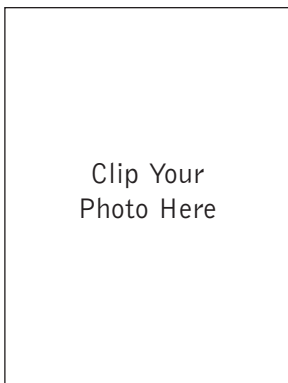
Card number _____

Cardholder credit card billing address _____

City _____ State _____ Zip/Postal code _____

Cardholder signature _____

VISA MasterCard



Please attach a 1½" x 2" head-and-shoulders photograph of yourself with your name and RIN printed on the back.

Mail this form and the Residence Hall and Dining Preference Card to

Rensselaer Admissions
Undergraduate Programs
Rensselaer Polytechnic Institute
110 8th Street
Troy, NY 12180-3590

I do not plan to enroll. I plan to enroll at _____

Please feel free to add any additional comments on the back of this form.

