IMPORTANT INFORMATION FOR ALL ACCEPTED STUDENTS

To ensure your place in this year's incoming class, please complete and return this form with a non-refundable check/money order payable to Niagara University *or credit card payment* for the appropriate amount. If payment is by check, please indicate the student's name and social security number on the check. **Please send to: Niagara University, Office of Admissions – Bailo Hall, Niagara University, NY 14109-2011**

Resident Student	$200.00
Commuting Student	$100.00

Please have a counselor contact me.

STUDENT'S NAME _____

ADDRESS _____

_____

PHONE _____

E-MAIL _____

Credit Card Authorization Form

The cardholder agrees to the terms set forth in the Cardholder Agreement. Amount to be Charged $_____

Please check one: ☐Visa ☐MasterCard ☐Discover Card Number _____

Print Cardholder's Name _____ Expiration Date _____

Cardholder's Signature _____ Daytime Telephone _____

Billing Address _____ Student's Name _____

City _____ State _____ Zip Code _____ Student's Soc Sec #_____