

Enrollment Deposit

Last Name (family) First Name (given) Middle Name

USF ID Date of Birth

PERMANENT/HOME COUNTRY ADDRESS

Street Apt. Number

City Province or State Zip (Postal Code) Country

Email Phone

CURRENT MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

Street Apt. Number

City Province or State Zip (Postal Code) Country

Address to be used until (date) Phone

Please complete and return this form by the deadline on your admission letter.

Return this form with deposit of \$750 to:
University of San Francisco
Office of Undergraduate Admission
2130 Fulton Street
San Francisco CA 94117-1046