REPLY TO OFFER OF ADMISSION
ENTERING CLASS OF 2010

If you accept our offer of admission, please complete both sides of this form and submit your enrollment deposit to the Office of Undergraduate Admission in the envelope provided or **complete online at admission.iit.edu.** To facilitate the enrollment process, including on-campus housing, advising and registration, please submit this form along with your enrollment deposit to the Office of Undergraduate Admission by the appropriate deadlines. First year students and all Architecture students must reply no later than May 1st. International students must reply no later than June 15th and Transfer students by July 15th. This enrollment deposit is refundable until the National Candidates Reply date of May 1, 2010.

Enrollment Deposit: $300.00

❑ I accept my offer of admission to the Illinois Institute of Technology and acknowledge that I have not submitted a class deposit nor made an enrollment commitment to any other college or university.

❑ I decline my offer of admission to the Illinois Institute of Technology and plan to attend:

NAME OF SCHOOL _____ CITY _____ STATE _____ COUNTRY _____

Housing

❑ I am submitting a housing contract

❑ I am eligible to live off campus and plan to commute. (must request waiver from Director of Housing Services at housing.iit.edu) *Do not submit a Room & Board contract if you plan to commute.*

Term of entry ❑ Spring 20____ ❑ Fall 20____

STUDENT INFORMATION (PLEASE PRINT)

Name ❑Mr. ❑Ms. _____
FIRST/GIVEN MIDDLE LAST/FAMILY

Permanent home address _____
MUST NOT BE A PO BOX

City, state, zip _____ Country _____

Area code and telephone number _____ Cell phone _____

E-mail address _____

Birthdate _____
MM/DD/YYYY BIRTH CITY BIRTH STATE BIRTH COUNTRY

Social security # (if applicable) _____

If you are an international student, please provide:

Foreign Residential Address _____

City, province, postal code, and country _____

Phone number _____
INCLUDE COUNTRY AND CITY CODES

METHOD OF PAYMENT

❑ Check ❑ Money order ❑ Credit card (Visa, Mastercard, or Discover)

Cardholder name _____

Card # _____ Expiration date _____ Security code _____

All credit card information is kept in a secure location and is destroyed after processing.

SIGNATURE_____ **DATE**_____