

# Part Time Enrollment Deposit Form

## Part Time/Audit Enrollment Deposit Form

My deposit toward becoming a student at Northeastern Seminary is enclosed. I understand that my deposit is credited toward my student account and is **non-refundable**.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Please clearly print your first and last name)*

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ENCLOSED IS MY:**

\_\_\_\_\_ **\$50.00 DEPOSIT**  
\_\_\_\_\_ **\$150.00 PAYMENT IN FULL**

**I AM PAYING BY:**

- Check # \_\_\_\_\_ (make checks payable to *Northeastern Seminary*)
- Money order
- Cash (please **do not** send cash through the mail)
- Charge card:     MasterCard     Visa

Card #: \_\_\_\_\_ 3-digit# \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed form to:

Northeastern Seminary  
2265 Westside Drive  
Rochester, NY 14624-1997  
(583) 594-6800

Office Use Only: Student ID#    777-_____ - _____
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