



ST JOHN'S College

ANNAPOLIS • SANTA FE

DEPOSIT AGREEMENT

Admitted Undergraduate

First Name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ ZIP _____

Date of Birth _____

Person Responsible for Tuition Bills

Name _____

Daytime Phone _____

Campus You Wish to Attend and the Academic Term

Santa Fe Campus

Annapolis Campus

Fall Session Year _____

January Session Year _____ (Santa Fe campus only)

The attached deposit represents my firm commitment to enroll at St. John's **for the term indicated above**. I understand that the deposit is not refundable unless no space is available on the campus I select and I choose not to enroll in a subsequent class or on the other campus. If I have indicated on my application for admission that I am applying for financial aid, I understand that I must accept or decline financial aid, or withdraw my financial aid application before the stated deadline in order to secure a position in the class.

Signature

Date

Financial Aid Status

I am not applying for financial aid

I have received an award and plan to accept it

I have not yet received an award

I originally applied for aid, but I wish to withdraw my application for aid

Return this form and a \$500 check made payable to "St. John's College" to the appropriate campus address

Attn: Admissions
St. John's College
60 College Avenue
Annapolis, MD 21401

Attn: Admissions
St. John's College
1160 Camino de Cruz Blanca
Santa Fe, NM 87505