

Enrollment Confirmation Form

Section I. Student Information

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|--|--|----------------------------------|
| Quarter and Year Admitted (Check one): AUT WIN SPR SUM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year _____ | Student's Name: Last First MI | |
| Student Number (if you don't know please leave blank): | Last four digits of Social Security Number: | Date of Birth (required): |
| Phone Number: | Email: | Major/Program: |

Section II. Accept/ Decline Offer

- ☐ Yes, I **will** be attending the University of Washington Bothell.
- ☐ No, I will **not** be able to attend the University of Washington Bothell. Please email uwbapply@uw.edu to decline your offer of admission.

Section III: Disability Information UW Bothell is committed to providing access, equal opportunity and reasonable accommodation for individuals with disabilities. To request disability accommodations, please contact: Disability Resources for Students at (425) 352-5307, TDD +1 (425) 352-5303, or uwbdrs@uw.edu.

Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.? ☐ No ☐ Yes

Your answer will be used by the State of Washington for planning purposes. It will also be used by Disability Resources for Students to provide you with information about its services. This information will be held in the strictest of confidence.

Section IV. Deposit Payment Information If you wish to enroll at the University of Washington Bothell, you must submit a non-refundable deposit of \$100. This non-refundable, non-transferable deposit will apply toward your tuition.

- **To pay by check or money order:** Please make your check or money order payable to the University of Washington. Please include your student ID number or full name on your check or money order. This can be sent to:

UW Bothell Office of the Registrar, Box 358500, 18115 Campus Way, Bothell, WA 98011

- **To pay by credit card:** Please complete the portion below or call the Cashier's Office at (425) 352-3246 and select option one. *(If you pay by telephone, there is no need to mail this form to the Office of the Registrar.)*

| CREDIT CARD PAYMENT | | |
|-------------------------|---|-------------------------|
| Name on card: | Card type: <small>(Mastercard or Visa only)</small> | Expiration Date: |
| Billing Address: | Card #: | |
| | Amount: \$100.00 | Signature: |

| For Office Use Only | Date | By | Comments |
|---------------------|------|----|----------|
| Processed in SDB: | | | |