



UMDNJ SCHOOL OF NURSING

University of Medicine and Dentistry of New Jersey

**Clinically Connected
Research Driven**

TUITION DEPOSIT FORM

Please return this form to the Office of Student Affairs, SSB, Suite 1126

PLEASE PRINT

Student Name

Last

First

MI

Social Security Number: _____

Term of Acceptance: Fall _____ (year)

Spring _____ (year)

Program:

____ Master of Science in Nursing

____ Post Masters Advanced Practice Nursing Certificate

____ Accelerated Second Degree BSN Program

Primary Campus:

____ Newark

____ Stratford

Please include student's social security number on the check or money order and return this form with the check or money order made payable to UMDNJ.

Tuition deposits are non-refundable.

DO NOT STAPLE PAYMENT TO FORM.

Remittance address:

UMDNJ-School of Nursing
Office of Student Affairs
65 Bergen Street, Suite 1126
Newark, NJ 0710.1-1709

Retain a copy for your records.

FOR OFFICE USE ONLY

Amount received

Date received

Student Status

____ FT

____ PT

____ In-State

____ Out of State

____ Matriculated

____ Non-Matriculated