



SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

Newark Campus
973-972-5336
SNadmissions@umdnj.edu

Stratford Campus
856-566-6253
SNstratford@umdnj.edu

visit <http://sn.umdnj.edu>

TUITION DEPOSIT FORM

Please return this form to Enrollment Services, SSB, Suite 147

PLEASE PRINT or TYPE

Student Name

Last _____ First _____ MI _____

UMDNJ Student ID #: _____

Term of Acceptance: Fall _____ (year) Spring _____ (year)

Program:	Primary Campus:
<input type="checkbox"/> Master of Science in Nursing	<input type="checkbox"/> Newark
<input type="checkbox"/> Post Masters Advanced Practice Nursing Certificate	<input type="checkbox"/> Stratford
<input type="checkbox"/> Accelerated Second Degree BSN Program	

Please include student's ID number on the check or money order and return this form with the payment. Make checks payable to UMDNJ.

Tuition deposits are non-refundable.

DO NOT STAPLE PAYMENT TO FORM.

Remittance address:

UMDNJ-School of Nursing
Enrollment Services
65 Bergen Street, Suite 152
Newark, NJ 07101

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

Rev: 10/07