DEPOSIT & REGISTRATION FORM

If you have questions, call the Office of Admissions at 1-866-421-7173 or (317) 788-3216 and ask for Lucie Cassinelli. Return the completed form along with credit card information, or check made payable to the University of Indianapolis, in the enclosed envelope.

TUITION AND HOUSING DEPOSITS

Payment may be made online at admissions.uindy.edu/deposit.

If payment cannot be made online, complete this form and mail it to the Office of Admissions along with payment via credit card or check made payable to the University of Indianapolis.

☐ I have enclosed a check.
☐ I am paying with credit card.

I agree to respect the ideals and comply with the regulations of the University of Indianapolis.

Signature: ____________________________________________

REGISTRATION DAYS

Please indicate your choices for the registration day you wish to attend (1–3 with #1 being your top choice):

☐ April 22
☐ May 20
☐ June 15

If you are not able to attend any of the registration days above, you will be able to register for courses after July 1.

ADDITIONAL INFORMATION

Individuals who have been convicted of a felony will need to notify the Office of Residence Life as to the nature of the offense.

I have been convicted of a felony: ☐ Yes ☐ No

Do you have a medical, psychological, or physical disability that warrants special consideration? ☐ Yes ☐ No

Describe type of disability: ____________________________________________

Students with disabilities who request accommodations must contact the Service for Students with Disabilities for information and assistance at (317) 788-6153. Information and forms can be found on the University website at www.uindy.edu/ssd. Accommodations for ADA housing will be assigned as space is available and until the residence halls reach capacity. The Office of Residence Life will make every attempt to accommodate needs when spaces are available for ADA rooms.

PAYMENT INFORMATION

Tuition Deposit $100

Housing Deposit $50

Total Amount Remitted

If paying by credit card: ☐ MasterCard ☐ Visa

☐ Discover ☐ American Express

Credit Card Number: __________________________

Exp. Date: _______ / _______

Cardholder’s Signature: _______________________

Print Cardholder’s Name: ______________________