

DEPOSIT CERTIFICATE

Name:

	Phone: Student ID: (Need your Student ID? Call us at (352) 588	-8283 or (800) 334-5532)	
_	cept the offer of admission to Saint Leo eposit. Please make checks payable to S	•	5500 (USD) as a
☐ I will be living on a	campus.		
☐ I will be commuting a	g. ddress is: (required information)		
Phone ()		
Please provide th	e following information:		
Gender: Date of I Email ac			
IMF	ORTANT INFORMATION REGARDING THE	CAMPUS HOUSING POLICY:	
	dence experience to be an integral aspect of I full-time University Campus students (12 or		
or living in family-owned property. Exc	nt are made for those students living and cor ceptions can also be requested by married s wishing to request an exemption from the res	tudents, veterans, non-traditional	students, or students who have
Stud	ent Signature (if over 18)	Date	
Guardie	an's Signature (if under 18)	Date	

Please return completed form to:

Saint Leo University Office of Admissions P.O. Box 6665, MC2008 Saint Leo, FL 33574-6665

Priority deadline for enrollment deposit is May 1, or within two weeks of notification of admission if admitted after May 1. Office Use Only Spring 2020 Fall 2020 Spring 2021 Fall 2021