BELCROFT UNIVERSITY

Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759

admissions@belcroftuniversity.com

+1 (813) 772-3772

Your Enrollment Deposit Form

An enrollment deposit confirms your intent to attend Belcroft University and secures your spot in the program. Submitting this deposit signals your acceptance of our admission offer and initiates the enrollment process.

Enrollment Deposit Guidelines

Enrollment deposits are non-refundable except as otherwise required by applicable law. Submission of an enrollment deposit does not waive any remaining admission, enrollment, academic, financial, health, immunization, licensure, or other university requirements. Students are responsible for completing all required enrollment steps and submitting any additional documentation requested by the university. Belcroft University reserves the right to rescind an offer of admission or cancel enrollment if any information provided by the student is determined to be false, misleading, incomplete, or inconsistent with university policies.

Student Information

Student Name (First - Middle - Last)	
Application ID / Student ID (if assigned)	
Date of Birth (MM/DD/YYYY)	/ /
Email Address	
Phone Number	
Permanent Address	

Admission Information

Term of Enrollment	☐ Fall ☐ Spring ☐ Summer Year:
Student Type	☐ New Student ☐ Transfer Student
Degree Level	☐ Doctorate ☐ Dental ☐ Master's
Program Name	

Enrollment Deposit Information

Enrollment Deposit Amount	$
Payment Method	☐ Online Payment ☐ Check ☐ Wire Transfer ☐ Other _____
Payment Date (MM/DD/YYYY)	/ /
Transaction/Confirmation Number	

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Student Acknowledgement

☐ I accept my offer of admission to Belcroft University and confirm my intent to enroll in the program and term indicated above. I understand that the enrollment deposit is non-refundable, except as otherwise required by applicable law, and that submission of the deposit does not waive any remaining admission, enrollment, academic, financial, health, immunization, licensure, or other university requirements. I certify that the information provided on this form is true and accurate to the best of my knowledge.

Signature of the Student _____ **Date:** _____/____/_____

For Office Use Only

Date Received / /	Payment Received ☐ Yes ☐ No
Deposit Verified ☐ Yes ☐ No	Processed By
Date / /	

Note:

- Enrollment deposits are non-refundable unless an exception is approved by the University.
- Submission of an enrollment deposit confirms the student's intent to enroll at Belcroft University for the term and program indicated on this form.
- Students are responsible for completing all remaining enrollment requirements and submitting any additional documentation requested by the University.
- Belcroft University reserves the right to rescind admission or cancel enrollment if any information provided by the student is determined to be false, misleading, incomplete, or inconsistent with university policies.
- Students should retain a copy of this form and any payment confirmation for their records.
- Additional enrollment requirements and deadlines will be communicated by the University after receipt of the enrollment deposit.