



Crandall

U n i v e r s i t y

Enrollment Deposit Form

Personal Information

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS: _____

STREET/P.O. CITY PROVINCE/STATE POSTAL/ZIP CODE

DATE OF BIRTH ____/____/____ EMAIL _____

PHONE _____

HOME PHONE WORK PHONE CELL PHONE

Student Number _____ Program of Study _____ Major _____

Please note that your enrollment deposit of \$150.00 is due prior to registration and is non-refundable.

Financial Information

Method of Payment

Cash Cheque Money Order Credit Card

If paying by credit card and submitting form via mail, email or fax, please complete the following information.

Cardholder Name as Appears on Card _____

Card Number _____ Expiry Date M ____ / ____ Y ____

Card Validation Code (3-digit number on the back of the card) _____

Card Holder Signature _____

Please mail your completed Enrollment Deposit Form to:

Crandall University, ATTENTION FINANCE OFFICE
Box 6004, Moncton, NB E1C 9L7

Thank you and welcome to Crandall!

FOR ADDITIONAL INFORMATION:

CRANDALL UNIVERSITY FINANCE OFFICE
BOX 6004
MONCTON, NEW BRUNSWICK,
E1C 9L7

TOLL FREE: 1-888-968-6228
OFFICE: (506) 858-8970
FAX: (506) 863-6460
WWW.CRANDALLU.CA

