



BEACON COLLEGE

Intent to Enroll Form

Student's Full Name: _____

Student's Date of Birth: ____/____/____ SSN: _____

Name of Individual Responsible for Payments: _____

Billing Address: _____

Phone: (____) _____ Alt. Phone: (____) _____

Email: _____

Yes, I plan to enroll at Beacon College. My non-refundable enrollment deposit of \$250 is enclosed.

My enrollment plans are uncertain at this time. Please have an Admissions Counselor contact me immediately.

I do not plan to enroll at Beacon College. I will be attending: _____

For your convenience, you may also pay your deposit online at the Beacon College pay pal link: www.beaconcollege.edu/tuition.asp. If you would prefer to provide your enrollment deposit by credit card, please complete the information below:

Name on credit card: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone (if different from above): (____) _____

Card Type: Visa Mastercard Discover American Express

Card Number: _____

Exp. Date: ____/____/____ PIN: _____

Signature: _____