



BEACON COLLEGE

Intent to Enroll

Date: _____ Enrollment: Fall 20_____ Spring 20_____

Student's Full Name: _____

Student's Signature: _____

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

Financially Responsible Party: _____

Mailing Address: _____

Billing Email: _____

Alt. Email: _____

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

Please note: Additional documentation (including medical, immunization, and housing forms) is required PRIOR to New Student Orientation. For specific details, or to download these forms, please visit the "Accepted Student" page under the Admissions tab: www.BeaconCollege.edu or contact the Office of Admissions for more details.

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- Yes, I plan to enroll at Beacon College.
- My non-refundable enrollment deposit of \$250 is enclosed.
 - My non-refundable enrollment deposit of \$250 has been paid on-line from the link: www.beaconcollege.edu/tuition.asp
- I do not plan to enroll at Beacon College. I will be attending: _____

Rev 11/12/2013

Office of Admissions
105 East Main Street ♦ Leesburg, FL 34748
Toll-Free Phone: 855-220-5376 ♦ Fax: 800-878-3188
admissions@beaconcollege.edu