



The College at
BROCKPORT
 STATE UNIVERSITY OF NEW YORK
THE GRADUATE SCHOOL

Graduate Advance Deposit Form

Name:
Student ID:
Degree Type:
Program:
Concentration:
Term:

To accept the offer of admission to our graduate program, please return this form along with your advance deposit by the above deadline date. This deposit will be applied toward your tuition bill. We encourage you to submit your deposit upon finalizing your college plans and before this deadline. Deposits received after this deadline date will be accepted on a space-available basis. Deposits are non-refundable.

- Yes, I plan to attend The College at Brockport for the _____ semester. Enclosed is my \$200 advance deposit. I am paying by:
- Check made payable to SUNY College at Brockport
 - Money Order

**If paying by check or money order, return this form with payment to:
 Office of Student Accounts, 350 New Campus Drive, Brockport, New York 14420**

If paying by credit card, please contact the Office of Student Accounts at (585) 395-2473.

- No, I do not plan to attend The College at Brockport. Please withdraw my application.
- Other: _____

If your plans have changed and you would like to defer to a different semester or would like to have your application withdrawn, please email The Graduate School at gradadmit@brockport.edu.

FOR OFFICE USE ONLY

Date Paid: _____ Received By: _____ Receipt Number: _____ Amount Paid: _____ Check Credit Other