

STEP I: ACCEPTANCE REPLY FORM

Last Name (family) First Name Middle Name

All Previous Surnames/Maiden Name Columbia University ID (CUID)

Current Street Address Apartment

City State Zip Code Use current address until (date)

E-mail Address (_____) Home / Evening Telephone (_____) Mobile / Day Telephone

- I ACCEPT** your offer of admission to the School of General Studies of Columbia University as an undergraduate degree student.
- I DEFER** your offer of admission to the School of General Studies of Columbia University as an undergraduate degree student. I would like to defer* my entry to General Studies until:
- spring 2020 fall 2020

Please select your reason(s) for deferring the offer of admission:

- Saving money Job/Career Scholarship offer Visa
- Cannot relocate to New York No University housing Other: _____

*Please note that applicants who are admitted and are unable to start the program may defer their admission for two semesters up to one full academic year. Thereafter the applicant must reapply. In order for the Office of Admissions to process your deferral request and secure your seat in the program, you are required to send the non-refundable tuition deposit in the amount of \$500.

TUITION DEPOSIT - Please check one of the following three options:

- ___ Submit the electronic version of this form and your tuition deposit using a credit or debit card, by logging in to your application profile at: <http://admissions.gs.columbia.edu/apply/status>
- ___ I am eligible for Columbia University (select one) officer staff spouse child tuition benefits, therefore, I have not enclosed my tuition deposit.
- ___ I have already paid the non-refundable tuition deposit.

- I DECLINE** your offer of admission. (Please select your reason(s) for not accepting the offer of admission):

- Quality of faculty Job/Career Scholarship offer Programs offered
- Location Cost of tuition No University housing Not attending school
- Other: _____ Attending another institution (please list): _____

Please return this form to the **School of General Studies, Columbia University, 408 Lewisohn Hall, MC 4101, 2970 Broadway, New York, NY 10027**, or fax to **(212) 854-6316** no later than three weeks from the date of receipt to secure your place for the fall 2019 semester. Thank you.

SIGNATURE _____ DATE _____

For Internal Use Only UNDC fall 2019 **A:** ___ APPL ___ GENI ___ STUD ___ NAME | **NC:** ___ APPL ___ NAME

DF: ___ APPL ___ CTRK ___ NAME ___ ZTRF ___ ODGS Date Processed: _____