

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 a Postbac Premed student.
- I **DEFER** your offer of admission to the School of General Studies of Columbia University as a Postbac Premed student. I would like to defer* my entry to the Postbac Premed Program until:
- fall 2019 spring 2020 summer 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:

___ Enclosed please find my non-refundable tuition deposit in the amount of \$500 in the form of a check or money order, made payable to Columbia University. (Please write your Columbia University Identification Number **(CUID)** on your check. If someone else issues a check for you, please be sure to include your name on the check).

To submit this form and your tuition deposit online using a credit or debit card, please log in to your application profile: <http://admissions.gs.columbia.edu/apply>

___ 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 two weeks from the date of receipt to secure your place for the summer 2019 semester. Thank you.

SIGNATURE _____ DATE _____

For Internal Use Only **A:** ___ APPL ___ GENI ___ STUD ___ NAME **NC** ___ APPL ___ NAME
 PREM summer 2019 **DF:** ___ APPL ___ CTRK ___ NAME ___ ODGS Date Processed: _____