



PONCE HEALTH SCIENCES UNIVERSITY

ADMISSIONS OFFICE

ADMITTED STUDENT REPLY FORM

Congratulations on your admission to PHSU! To reserve your space, you must complete and submit this form within seven (7) days of receipt:

- **By E-mail** - Send a Scanned and completed Copy of this form to **admissions@psm.edu**
- **In Person** - Drop off your form in the Admissions Office.

Name: _____ Phone: _____

Address (Number and Street): _____

City: _____ State: _____ Zip: _____

Program you were admitted: _____

Do you plan to attend Ponce Health Sciences University (PHSU)?

- YES!** I plan to enroll. I understand that I will need to submit an enrollment deposit of \$100. This deposit will be applied to my first semester tuition. I understand that this deposit is non-refundable.
- NO.** I do not intend to enroll at PHSU at this time.

Note: Actual enrollment at PHSU is subject in part to:

- (1) Your satisfactory completion of all admission requirements
- (2) Compliance with all deadlines and other enrollment requirements.

Your application is not transferable to another semester. To apply for a later semester, you must submit a new application and application fee by the appropriate deadline.

Signature _____ **Date:** _____