

FRANKLIN COLLEGE



Candidate's Reply Form

Congratulations on your admission to Franklin College! We are pleased to invite you to join the FC Family. Please use this form to accept or decline our offer of admission. When we receive this form with your \$100 enrollment deposit, we will reserve your place in the Class of 2016. Your deposit is non-refundable after May 1st. For your convenience, you may also complete this form and submit your deposit online at admissions.franklincollege.edu.

Name _____ Date of Birth _____

E-Mail _____ Parent E-mail _____

Telephone _____ Intended Major _____

Yes! I plan to enroll in the Franklin College Class of 2016. My \$100 enrollment deposit is enclosed.

Please complete the information below for registration and housing purposes.

I do not plan to enroll at Franklin College. I plan to attend (please name college) _____.

Signature _____ Date _____

New Student Registration

Please confirm your housing plans: On-Campus Housing Commuter

T-shirt Size: SM Med LG XL XXL XXXL

Please rank your preference for the course registration dates listed below (1st, 2nd and 3rd). Registration dates will be assigned on a first come, first serve basis and may fill quickly. If your first choice is full when we receive your Reply Form and deposit, we will assign you to another date. Make sure to check your calendar for important events like prom, graduation, etc. The New Student Registration Program will be held from 8am-5pm on the dates listed below. The earlier you attend, the better your chances to obtain the courses you want.

Saturday, April 21st _____ Friday, June 15th _____ Saturday, June 30th _____

Note: Specific programming for transfer students and military veterans will be available during the June 30th program.

Please indicate if you are a transfer student or a military veteran: Transfer _____ Military Veteran _____

Will you use military benefits? Yes _____ No _____ Do either of your parents hold a college degree? Yes _____ No _____

Please list the name and relationship of any individuals who will be attending registration with you:

Please list any special needs you or your guests may have:

Please make check or money order payable to Franklin College and return it to the Office of Admissions, or complete the information below if you wish to pay by credit card.

Card Type (please circle your selection): MasterCard Visa Discover

Cardholder's Name _____

Account Number _____ Expiration Date _____

Billing Address _____