



# ST. THOMAS AQUINAS COLLEGE

Office of Admissions & Financial Aid

## Reservation Fee Form

Please complete this form and return it  
with your deposit in the envelope provided.

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Social Security No.: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Entering St. Thomas in: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
(year) (year)

Entering Status: Freshman \_\_\_\_\_ Transfer \_\_\_\_\_ Readmit \_\_\_\_\_

Residential Status: Dormitory Resident \_\_\_\_\_ Commuter \_\_\_\_\_

ENCLOSED IS MY FEE IN THE AMOUNT OF \$ \_\_\_\_\_

CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ MONEY ORDER \_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY: Reservation fee \_\_\_\_\_ Date \_\_\_\_\_

5M.3pncr.10/10 ADM Staff Initial \_\_\_\_\_