

Submit your enrollment reply form and deposit online!

Access your Bridge to Carlow account at **carlow.edu/deposit**.



ENROLLMENT REPLY FORM

First Name	Middle Name	Last Name	
Street Address	City	State	Zip
Email		// Date of Birth	
Residency Status: I intend to	ollment deposit in the form of a checolle after June 1, 2020, and serves live on campus in the residence halls ommute from home. Live off campus. olicy states that all students will be sure compliance with this policy, plea	as an advance payment on my f	irst semester tuition bill.
Cell Phone Number	(including area code)	Cell Phone Carrier	
I do not plan to enroll at C Please withdraw my applic	Carlow University. Cation. Instead, I will be attending:		
College / University		City / State	
You can also log in to your	Bridge to Carlow account to official	lly withdraw your application.	
PLEASE RETURN FOR Carlow University, Office	M TO: of Admissions, 3333 Fifth Ave, Pit	tsburgh, PA 15213	
OFFICE USE ONLY	DATE RECEIVED:	ID∙	