



INTENT TO ENROLL

Please complete this form and return it to: Admissions Office, RMCAD, 1600 Pierce St., Lakewood, CO 80214

NAME: _____

Social Security Number: - -

Telephone number: day _____ evening _____

Address _____

City _____ State _____ Zip _____

I plan to enroll for: Fall 20____ Spring 20____ Summer 20____
(check only one term)

My declared major area of study will be: _____

Enclosed is my non-refundable tuition deposit check of \$150.00 *or* please charge my credit card as indicated below:

Visa MasterCard Discover Credit American Express

Card # _____

Exp. Date: _____

Cardholder's Signature: _____ Date: _____

Please provide the address to which your tuition billing statements should be mailed:

Name _____

Address _____

City _____ State _____ Zip _____

If you do not intend to enroll at RMCAD please indicate the reason(s) below:

Unable to attend due to financial reasons

I plan to attend another school

Unable to attend due to personal reasons

Name of school _____

City/State _____

Other reason: _____

Rocky Mountain College of Art + Design

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