



UNIVERSITY AT ALBANY

State University of New York

\$150 ADMISSIONS DEPOSIT TRANSMITTAL

Instructions: To ensure accuracy, please **print** all requested information below with a ballpoint pen. Attach check or money order, made payable to the University at Albany. For credit card payments, supply MC, VISA or DISCOVER number, expiration date and cardholder's signature.

Student Name: _____ Admit type: Freshman Transfer

Albany ID: _____ Semester of Entry: Spring Summer Fall 20_____

Address: _____

City: _____ State: _____ Zip: _____

MC, VISA, DISCOVER Acct. No.: _____ Expiration Date: _____

Signature of Cardholder: _____

Cardholder Name (Please Print): _____

<p>Office Use Only TUT/6260 \$150.00 Date: _____ By: _____</p>

Note: There will be a \$20 fee for all returned checks.