



St. Andrews
UNIVERSITY
1700 Dogwood Mile • Laurinburg, N.C. 28352
www.sapc.edu

**ENROLLMENT
DEPOSIT
TRANSMITTAL**

FULL NAME OF STUDENT: _____

Enclosed is my \$260 Deposit

I understand my deposit holds my place in the entering class and will afford me the opportunity for priority housing and early class registration.

Check (make payable to St. Andrews University) Check # _____

Credit Card: VISA MasterCard Card

Number: _____

Expiration Date: _____ Bank: _____

3 Numbers on Back of Card: _____

Name on Card: _____

Person Authorizing Use of Card: _____

Any comments, questions, or requests:

Please call me to arrange a visit to St. Andrews!