FRESHMAN TUITION DEPOSIT FORM

Armstrong State University requires first-time freshman admitted applicants to pay a $50 tuition deposit that will be applied towards your bill for the Fall 2016 term at Armstrong. The deposit is due no later than May 1, 2016. With this deposit you will reserve your seat in the Class of 2020 and will be pre-registered for your fall courses. Students accepted after May 1 are expected to pay their deposit within 2 weeks of their acceptance date. Please complete the form below and submit payment via one of the following options:

1.) **By Mail:** Mail a check (personal, or bank/cashier’s) or money order to the address below. Please do not mail cash payments. Make checks and money orders payable to Armstrong State University.

   Armstrong State University, Office of Admissions
   11935 Abercorn Street, Savannah, GA 31419

2.) **Online:** You can pay your tuition deposit online through your Port of Armstrong account.
   1. Log into Port at port.armstrong.edu
   2. Choose Touchnet Bill Pay System from the Student Services menu
   3. Navigate to the eDeposits tab
   4. Choose your entry term (Fall 2016)
   5. Choose Freshman Tuition Deposit from the deposit choices
   6. Follow the payment prompts.

3.) **In Person:** Bring cash, check (personal, or bank/cashier’s), or money order to the Office of Admissions located in Victor Hall during regular business hours (M-F 8:15 a.m. – 5:00 p.m.).

**Exceptions to the required tuition deposit will only be considered for Active Duty Military or those with extenuating financial situations. Must contact Office of Admissions for more details.

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I understand that this deposit indicates my intent to enroll at Armstrong for the Fall 2016 semester, reserves my space in the entering class, and pre-registers my courses for the fall semester. I understand that the deposit is non-refundable after May 1 and if I do not enroll for the Fall 2016 semester, I will forfeit the deposit.

First Name __________________________ Last Name __________________________

Student ID: (907) _______________________ Date of Birth: _______________________

Email Address: _____________________________________________________________

________________________________________ ______________________
Student Signature  Date