

# Intent to Enroll Form

*We look forward to your enrollment at  
The University of Akron!*

Student Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

- Yes, I Plan to Enroll at The University of Akron!** Submission of this form and the \$100 confirmation fee acknowledges my intent to enroll at The University of Akron. I understand that this fee offsets the cost associated with my participation in a mandatory New Student Orientation program and secures my seat for the upcoming semester.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send with \$100 payment to:  
The University of Akron  
Intent to Enroll  
Simmons Hall 209  
Akron, OH 44325-4716

*Make check payable to The University of Akron*

***Welcome to The University of Akron***

For questions, please contact the Office of Admissions at  
1-800-655-4884, 330-972-7077  
Or [admissions@uakron.edu](mailto:admissions@uakron.edu).