

# Valparaiso University School of Law

## Tuition Deposit Schedule



Here's how the tuition deposit works. A total of \$500 is due to reserve your seat. There are two options: you can pay the deposit in one lump sum or in two equal installments. Payment can be made by check, cash, or credit card (credit card form below). If you wish to pay by credit card, it is also possible for you to call in your deposit via telephone at 888-VALPOLAW.

Option One – One lump sum: Send your full \$500 tuition deposit, to be received by April 1, 2007. **For applicants admitted after April 1, 2007, your tuition deposit must be received two weeks from the date of your admittance letter.**

Option Two – Two equal installments: Send the first \$250 to be received by April 1, 2007 and the second \$250 to be received by June 1, 2007. **For applicants admitted after April 1, 2007, the first installment must be received two weeks from the date of your admittance letter.**

**REMINDER: YOUR TUITION DEPOSIT IS NONREFUNDABLE**

**ALL TUITION DEPOSIT PAYMENTS MUST BE SENT DIRECTLY TO THE LAW SCHOOL SO THAT YOUR CHANGE OF STATUS CAN BE ACCURATELY RECORDED.**

Please send your tuition deposit to:

Valparaiso University School of Law  
Admissions Office  
Wesemann Hall  
656 South Greenwich Street  
Valparaiso, IN 46383

Checks should be made payable to Valparaiso University School of Law. If you prefer to use your VISA, MasterCard, or Discover charge card to pay the tuition deposit, please complete and return the bottom portion of this form.

**Question: What if I fail to pay my tuition deposit on time?  
Answer: Your seat will be promptly awarded to another worthy candidate.**

Student name: \_\_\_\_\_

ID#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Office Use Only)

PAYMENT METHOD							
<input type="checkbox"/>	VISA	<input type="checkbox"/>	M/C	<input type="checkbox"/>	Discover	Amount \$	_____
[                               ]							
Please list all numbers on card.							
Expiration Date							
[ ]	[ ]	-	[ ]	[ ]	_____		
Month	Year		Cardholder Signature				
Date: _____							

CARDHOLDER INFORMATION	
Name:	_____
Address:	_____
City:	_____
State:	_____
Zip:	_____
Phone: ( _____ )	_____