

Tuition Deposit

Name _____
First Middle Last

Address _____

City, State, ZIP code _____

Enclosed: Tuition (\$100) _____

Beginning: Fall 20_____

Spring 20_____

Please return this form with your tuition deposit to:

Saint Xavier University

Office of Admission

3700 West 103rd Street

Chicago, IL 60655

To pay online, visit www.sxu.edu, Keyword: Deposit



Saint Xavier
UNIVERSITY

www.sxu.edu