

PAUL SMITH'S COLLEGE

FULL TIME LETTER FORM

Name:	
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Student #	
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Semester:	FALL	201__
	SPRING	201__
	SUMMER	201__

until the semester begins all
full-time letters will be for
anticipated enrollment

CHECK BOX IF YOU WANT TO PICK-UP IN OFFICE

Send To: please provide complete address	

Fax To:	
Attention to:	

for office use only:	
Date Sent:	

Please return form to the Registrar's Office, Paul Smith's College, PO Box 265, Paul Smiths, NY 12970
or you may fax it to (518) 327 - 6951