



### Advanced Deposit Form

This \$250 is a required **non-refundable** deposit to hold my position in the UMKC **Nurse Graduate** program.

NAME: \_\_\_\_\_ SID: \_\_\_\_\_

Program: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please ***make your check or money order payable to UMKC*** and return it with this completed form to:

UMKC School of Nursing & Health Studies  
Student Services Office  
2464 Charlotte Street  
Kansas City, MO 64108