

NAME OF APPLICANT (PRINT OR TYPE)

DATE OF BIRTH

HIGH SCHOOL

PLEASE SIGN THIS FORM TO OFFICIALLY ACCEPT YOUR OFFER OF ADMISSION TO THE COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART.

I will attend The Cooper Union for the Advancement of Science and Art in the Fall of 2015.

Student Signature

Date

**PLEASE RETURN:**    **FAX**    212.353.4342  
                          **EMAIL**    ADMISSIONS@COOPER.EDU  
                          **MAIL**    THE COOPER UNION  
  OFFICE OF ADMISSIONS AND RECORDS  
  ATTN. DEAN LIPTON  
  30 COOPER SQUARE  
  NEW YORK, NY 10003

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HAVE QUESTIONS?

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