



ENROLLMENT INTENTION FORM – ADULT AND GRADUATE

Congratulations to you on achieving another of your important educational goals! Please check the appropriate responses, sign and return this form by fax to 770.718.5338, or by mail to Brenau University Office of Graduate Admissions, 500 Washington Street SE, Gainesville, GA 30501. If you have any questions, contact the Office of Adult and Graduate Studies at 770.718.5337

PERSONAL INFORMATION

Name of Applicant: _____

Home Address: _____

Email Address: _____ Telephone #: _____

CHOOSE ONE OF THE FOLLOWING

_____ I am pleased to be accepted to Brenau University and plan to enroll this semester.

_____ I would like to defer my enrollment until: (Month) _____ (Year) _____

_____ I have decided to attend another institution and withdraw my application for admission.

REQUIRED DEPOSITS

MS Clinical Counseling/Psychology and MS Psychology students should send a \$150.00 deposit
MS Nursing students should send a \$150.00 deposit

All checks should be made payable to Brenau University
Please return the completed Enrollment Intention Form and Deposit to:

Brenau University
Office of Graduate Admissions
500 Washington Street SE
Gainesville, GA 30501
Fax: 770.538.4701

My signature below indicates that all information on this form is factual, correct and honestly presented. I understand that failure to provide accurate and true information may invalidate my admission to the University. I understand that it is my responsibility to report any changes in this information in writing to the Brenau University Office of Graduate Admissions immediately.

Student Signature: _____ Date: _____