

PEPPERDINE

Graduate School of
Education and Psychology

NOTICE OF INTENT TO ENROLL MASTER OF ARTS IN CLINICAL PSYCHOLOGY DAYTIME FORMAT

Name _____
Address _____
City, State, and ZIP _____
Telephone # () _____ CWID # _____
Email _____

DUE ON OR BEFORE APRIL 15, 2016

1. **YES**, I plan to enroll in The Graduate School of Education and Psychology (GSEP) beginning in the **Fall 2016** term. I am enclosing my **non-refundable** tuition deposit of \$500. I understand that the deposit is credited to my student account and will be applied to my tuition upon enrollment. Deposit can be paid by check or online through a secure website.

Check Enclosed
(Payable to Pepperdine University)

Paid online through
<http://wavenet.pepperdine.edu>

I hereby agree to abide by all University policies as described in the applicable catalogs, handbooks, brochures, and schedules.

Signature _____ Date _____

2. **NO**, I do not plan to enroll in the Graduate School of Education and Psychology for the following reason(s):

Plan to enroll in another graduate program (Plan/ Degree/School):

Financial constraints

Current employment possibilities

Personal reasons

Other _____

Please e-mail, fax, or mail this completed form to:

Pepperdine University, Graduate School of Education and Psychology

Attn: Andrea Lipnicki

24255 Pacific Coast Highway

Malibu, CA 90263

Fax: 310.506.8561 • Tel: 310.506.4608

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