



Health Sciences Admissions INTENT TO ENROLL FORM

1. _____ 2. ___FULL-TIME ___PART-TIME 3. ____/____/____
SSN or Drexel ID DATE OF BIRTH

4. _____
LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS APARTMENT NUMBER

CITY STATE ZIP CODE COUNTRY

EMAIL HOME TELEPHONE# WORK TELEPHONE#

5. ARE YOU A CITIZEN OF THE U.S.? ___YES ___NO IF NO, _____ VISA TYPE: _____
COUNTRY OF CITIZENSHIP

7. TERM OF ACCEPTANCE: ___FALL ___WINTER ___SPRING ___SUMMER YEAR _____

8. MAJOR _____ AREA OF STUDY _____

9. HAVE YOU PREVIOUSLY ATTENDED DREXEL? ___YES ___NO

10. ARE YOU CURRENTLY EMPLOYED FULL-TIME AT DREXEL UNIVERSITY OR TENET SYSTEMS? *YES ___NO ___
(If yes, please give): NAME OF SITE _____ PHONE # _____

*Employees covered by tuition remission are NOT required to submit a deposit but still MUST return this form to the Office of Enrollment Management. If the form is not returned to Enrollment, it may have an effect on the proper registration of classes.

11. CREDIT CARD PAYMENT

If paying by credit card: Cardholder Name _____ Card Number _____ - _____ - _____

Expiration Date ____/____ Amount: _____
MM YY _____ VISA _____ MASTERCARD

12. STATEMENT OF UNDERSTANDING (please check)

I certify that the information on this form is complete and correct. I understand that submission of false information is grounds for withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

I understand that it is my responsibility to submit any final or outstanding transcripts prior to the drop-add period of my first term of enrollment. I understand failure to do so may result in a hold being placed on my account, which will not allow me to register for classes.

I understand that I may defer my application upon the approval of the Health Sciences Admissions Office. I also understand that I must submit a separate letter requesting such.

I understand that, if awarded any scholarships or incentives, it is my responsibility to review and abide by all terms of the awards.

I understand that it is my responsibility to review and adhere to the policies, rules, regulations, and standards of conduct established by the University. My enrollment is considered as acceptance of all conditions specified in the following:

www.drexel.edu/provost/policies/
www.drexel.edu/studentlife/SLhandbook.htm

_____ I have read and I understand the enclosed instructions for matriculation.

_____ I have enclosed a check/money order for the tuition deposit in the appropriate amount as listed in the instructions.

SIGNATURE

DATE