

School of Nursing & Health Professions

Brandman ID:

Name:
Last First

Date of Birth: Phone:

Email Address: Campus:
Email correspondence will be sent to Brandman University student email address

Entering Trimester: Program:

Please indicate below whether you will accept admission to this program:

- I accept the offer of a position in the *School of Nursing & Health Professions* at Brandman University.
- I do not accept the offer in the *School of Nursing & Health Professions* at Brandman University. Please answer the questions on the last section of this form.

I understand that I must return this form to Brandman University to confirm my intention to enroll in the *School of Nursing & Health Professions* program no later two weeks from the date of the acceptance letter in order to hold my position in the class. If the form is received after the specified date, I understand that my place in the class may be jeopardized.

By submitting the *Intent to Enroll* form, I certify that I am the individual identified on this form and I read the above requirements to be eligible for the *School of Nursing & Health Professions* program at Brandman University. I authorize the Office of Admission to process this form. I acknowledge that the information is true and correct.

Signature: Date:

For statistical purposes only: If you are declining admission to the *School of Nursing & Health Professions* at Brandman University, please answer the following questions:

Will you be entering a different program in this trimester? YES NO

If YES, at which school will you be attending?

Please list the most influential factors in your selection of the institution:

1. 2. 3.

What other schools were you admitted to?

1. 2. 3.

Click the Submit button below to open your email browser. The form will automatically be attached to the email and ready to be delivered to the Office of Admission at evaluation@brandman.edu