



School of Physical Therapy

Affidavit of Intent to Enroll

(Please initial in appropriate spaces and sign where indicated)

_____ I **am** accepting a seat in the Class of 2023 and **have enclosed** two following checks:

1. **\$500.00 (non-refundable;** Payable to **Marshall University School of Physical Therapy**) is to hold this seat. I understand that upon matriculation in the program, this money will be applied to my initial tuition installment.
2. **\$40.00 (non-refundable;** Payable to **Marshall University**) is to process your supplemental application at Marshall University's Office of Graduate Admissions.

_____ I **am** allowing my contact information (email address and phone number) to be disseminated to future classmates who accept a seat in the Class of 2023.

_____ I will **not** be accepting a seat in the Class of 2023.

Please Print Full Name

Signature

Date:

Please mail this page via **USPS Priority Mail (or any faster methods)** to:

**Marshall University
School of Physical Therapy
Admissions Committee**

**2847 5th Ave
Huntington, WV 25702**

We Are...MARSHALL

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