



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** the following check:
\$40.00 (non-refundable; Payable to **Marshall University**) is to process your supplemental application at Marshall University's Office of Graduate Admissions.

** Please note the deadline to submit your seat deposit check (\$500.00) will be **January 15, 2020**. *(If you choose to send both checks together, our program will not clear the seat deposit check until January 15, 2020).*

\$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.

_____ 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

2847 5th Avenue, Huntington, West Virginia 25702 / (304) 696-5611 / physicaltherapy@marshall.edu
A State University of West Virginia An Affirmative Action/Equal Opportunity Employer