

**FAIRLEIGH DICKINSON UNIVERSITY**  
**TO BE PLACED IN EACH STUDENT'S FILE ONCE THEY HAVE SIGNED AND**  
**DATED IT. ALL INFORMATION ON THIS FORM IS REQUIRED.**

Registration date: \_\_\_\_\_  
Name of Institution: Fairleigh Dickinson University \_\_\_\_\_  
Name of Student: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone number: (        ) \_\_\_\_\_  
Name of course or program: M.S. in Clinical Psychopharmacology \_\_\_\_\_

**Please indicate, with an (X) that the student:**

- Received an institutional catalog
- Has been given a copy of the institutional cancellation and refund policy
- Had the opportunity to tour the institution
- Was given the time and opportunity to review the institutional policies in the catalog
- Knows the length of the program for full time and part time students in the academic terms and actual calendar time
- Has been informed of the total tuition and fee cost of the program
- Has been informed of the estimated cost of books and any required equipment purchases such as a stenography machine, computer, specialized tools, art supplies, etc.
- Understands what 'transferability of credits' means and the specific limitations (if any), should the institution have articulation agreements
- Has been informed that any grievances not resolved at the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 741-5293

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date