

**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 yes or no that the student:**

\_\_\_\_\_ N/A Toured the institution (not applicable for institutions that only offer distance learning programs)  
\_\_\_\_\_ Received an institutional catalog  
\_\_\_\_\_ Was given the time and opportunity to review the institutional policies in the catalog  
\_\_\_\_\_ Has been informed of 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.  
\_\_\_\_\_ Has been given a copy of the institutional cancellation and refund policy  
\_\_\_\_\_ 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, 404 James Robertson Parkway, Nashville, TN 37243-0830, (615) 741-5293  
\_\_\_\_\_ Has received graduation placement and withdrawal data as presented to the Tennessee Higher Education Commission

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date