

Enrollment Agreement/Contract

**M.S. Program in Clinical Psychopharmacology
School of Psychology
Fairleigh Dickinson University
Teaneck NJ 07666**

Student Information

Name: _____ Social Security Number: _____ Date enrolled: _____

Address: _____

As part of our approval by the Tennessee Higher Education Commission we are required to provide you with the following information prior to enrollment:

- Anticipated date of completion is exactly 24 months after initial enrollment
- Total cost for the program is approximately \$15,000 including all fees, tuition, and books
- Cancellation and refund policy for the university is available online at <http://view.fdu.edu/?id=439>
- Tuition is guaranteed for the first year of the program and could increase subsequently.

I verify that I received this information prior to enrollment.

Signature

Date