



Office of Admissions
 1 University Plaza
 Brooklyn, NY 11201
 Fax 718-780-6110
 bkln-admissions@liu.edu

Intent to Enroll Form

(Please fill out and return)

For Admitted Students Only

I plan to enroll at LIU Brooklyn for:

Fall Spring Summer Year: _____(YYYY)

First Name: _____ Middle Name: _____ Last Name: _____

LIU ID: _____ Major: _____

Admitted students are required to submit a **non-refundable** tuition deposit to hold a seat in the entering class. Please check applicable deposit:

\$200 Domestic & International Students

\$500 Professional Phase Only-Domestic & International Students: Pharmacy; Occupational Therapy B.S./M.S.; Physical Therapy D.P.T.; Physician Assistant M.S.; Speech Language Pathology M.S.

I have enclosed my tuition deposit to reserve a place in the entering class. This money will be credited toward my tuition. I understand that this deposit is not refundable should I decide at a later date not to attend the university.

I cannot enroll this semester. Instead, please consider my application for:

Fall Spring Summer Year: _____(YYYY)

I will not be enrolling at LIU Brooklyn.

Reason: _____

Signature: _____ Date: _____