



DECLARATION OF INTENT

School of Education

Please return this form to the Office of Admissions and update us with any changes to your contact information if anything has changed from your date of application.

- There are no changes to my contact information.
- Please make the following changes to my contact information:

Street Address

City, State & Zip Code

Phone Number(s)

Email Address

- Yes, I would like to accept your offer of admission to Trinity (Washington) University for the **Fall 2009 session**.
 - No, I will be unable to attend at this time.
 - I have decided to attend another program at:

 - I have decided not to attend school at this time.

Name

Signature

Date

OFFICE OF ADMISSIONS

TRINITY 125 MICHIGAN AVENUE, NE WASHINGTON, DC 20017

800/492-6882

202/884-9400

202/884-9403 FAX

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