



## DECLARATION OF INTENT

### The School of Professional Studies

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.

\_\_\_\_\_  
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 The School of Professional Studies at Trinity (Washington) University at this time.

\_\_\_ I have decided to attend another graduate program at:

\_\_\_\_\_

\_\_\_ I have decided not to attend school at this time.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE OF ADMISSIONS

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202/884-9400

202/884-9403 FAX

admissions@trinitydc.edu

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