



**CALIFORNIA STATE UNIVERSITY, STANISLAUS
DOCTORAL PROGRAM IN EDUCATIONAL LEADERSHIP**

INTENT TO ENROLL FORM

Please complete and return the form to the address indicated below. The form must be received by _____ to ensure that the offer of admission is valid, and that you receive further information related to the program. You will be receiving registration and financial aid information from the Graduate School shortly. Please note the two courses that newly-admitted students will take during first term:

**EDEL 9002, Applied Quantitative Research
EDEL 9003, Leadership and Organizational Theory and Practice**

_____ I intend to enroll.

_____ I do not intend to enroll.

Reason _____

Name: _____ SSN/ID: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

Phone No.: _____ E-Mail Address: _____

Signature: _____ Date: _____

Please return the completed form to:

**Doctoral Program in Educational Leadership
College of Education
California State University, Stanislaus
One University Circle
Turlock, CA 95382**