

## STATEMENT OF INTENT TO REGISTER Speech Language Pathology Assistant Fieldwork Experience Program

To confirm your plans to attend CSUN Northridge for the **upcoming SLPA cohort**, you must complete and return this Statement of Intent to Register **within 5 days of acceptance**.

- I ACCEPT** this offer of admission to the CSUN SLPA Fieldwork Experience Program and intend to register for the cohort beginning this **Spring 2012**.

By completing, signing and returning this form, I acknowledge that I have read the enclosed letter of admission and the Policy Acknowledgement form and accept all conditions of admission and the Tseng College policies. *(Please check the "I accept" box above to agree.)*

- I will need disability accommodations as a student in this program. **I agree that I will contact CSUN's Disability Resources & Educational Services (DRES) office immediately to initiate an evaluation and accommodation plan**, if applicable, to accommodate my needs. *(Please check box to agree.)*  
Contact DRES at 818-677-2684 or by emailing [dres@csun.edu](mailto:dres@csun.edu) (Please see enclosed "Steps for Getting Started with DRES")

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- I DECLINE** this offer of admission to the CSUN SLPA program.

Please let us know the reason for your decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Print Name: \_\_\_\_\_ Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this completed form & the Cohort Policy Acknowledgement form by one of these methods:**

**EMAIL** (Signed and Scanned): [Taleen.seropian@csun.edu](mailto:Taleen.seropian@csun.edu) **SUBJECT: SLPA**

**FAX:** 818.677.4108 **ATTN:** SLPA

**MAIL:** The Tseng College  
ATTN: SLPA  
CSUN  
18111 Nordhoff Street  
Northridge, CA 91330-8352