



Biomedical Informatics Program INTENT TO ENROLL FORM

NAME: _____ NSU ID#: _____

ADDRESS: _____

PHONE: _____ (Home) / _____ (Work)

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Please check ONE option and fill out the respective field(s)

ACCEPT (Admission for	Fall	Summer	Winter)	Yr:		Online	Campus
Degree	Certificate	Non-Degree					
_____				_____			
Signature				Date			

DECLINE ACCEPTANCE	Reason:	<input type="text"/>
_____		_____
Signature		Date

Fax/ Mail to: Nova Southeastern University
Health Professions Division/MSBI Program
Office of Admissions/Student Affairs
3200 South University Drive
Ft. Lauderdale, FL 33328-2018
Fax: 954-262-2282
Email: ai187@nova.edu

<u>For Office Use Only:</u>	
_____	_____
Date Received	Initials