

**Governors
State
University**

Department of Communication Disorders

University Park, IL 60484-0975

Department of Communication Disorders

**Fall 2015 Graduate Admissions
Confirmation Letter**

I am **accepting** your offer for admission to the graduate program in Communication Disorders as a **full-time student** for Fall 2015. I am acknowledging that as a full-time student I can be authorized for a maximum of three graduate academic courses (9 credit hours) each term.

I am **declining** your offer for admission to the graduate program in Communication Disorders as a **full-time student** for Fall 2015.

By accepting this offer of admission, I agree to attend an orientation for new graduate students scheduled for Friday, August 28, 2015.

Student's Printed Name

Student Signature

E-Mail Address

Date