

Intent to Enroll

Please confirm your intent to enroll at Adler Graduate School (no tuition deposit is required). Submit this completed form to:

**Director of Admissions
Adler Graduate School
10225 Yellow Circle Drive
Minnetonka, MN 55343
Fax 612-861-7559**

Name _____
last first middle previous name (if any)

Mailing Address _____
street city state/country zip/postal code

_____ () ()
e-mail address home phone cell /other phone

Intended Program(s) of Enrollment:

Master of Arts **Residential** ____ **Online** ____ **Both** ____

- _____ Adlerian Studies (online)
- _____ Art Therapy
- _____ Clinical Mental Health Counseling
- _____ Co-Occurring Disorders
- _____ Marriage and Family Therapy
- _____ School Counseling

Certificates and Specialty Programs

- _____ Adlerian Studies
- _____ Clinical Mental Health Counseling
- _____ Co-Occurring Disorders (Substance Use and Mental Health Disorders)

Licensure Only

- _____ Art Therapy
- _____ Clinical Mental Health Counseling
- _____ Marriage and Family Therapy
- _____ School Counseling

_____ **Non-Degree Seeking** _____ **Other** (*specify*) _____

Calendar year, term, and session you intend to enroll: Year _____

_____ Fall Session 1
(early October)

_____ Fall Session 2
(mid November)

_____ Winter Session 1
(early January)

_____ Winter Session 2
(mid February)

_____ Spring Session 1
(early April)

_____ Spring Session 2
(mid May)

_____ Summer Session 1
(early July)

_____ Summer Session 2
(mid August)

Personal Information: (Schools, colleges and universities are asked by many, including the federal government, accrediting agencies, and our own higher education communities, to describe demographic information regarding our students and employees. In order to respond to these requests, we ask you to provide the following information):

Date of Birth _____/_____/_____

Sex: _____ Male _____ Female

Are you a U.S. citizen? _____ Yes _____ No

If no, please provide your alien registration number:

Do you consider yourself to be Hispanic or Latino? _____ Yes _____ No

In addition, please select one or more of the following racial categories to describe yourself (choose one or more):

_____ American Indian or Alaska Native

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Pacific Islander

_____ White

Do you require any special accommodations? Please describe: _____

Do you intend to transfer any graduate level credits into your Adler program? _____ Yes _____ No

Emergency Contact _____
name relationship

Address _____
street city state/country zip/postal code

_____ (_____) (_____) _____
e-mail address home phone cell /other phone

How did you find Adler Graduate School? (Please circle and write in name if applicable)

Adler student/Alum _____ Friend/Relative/Co-worker _____

Faculty/Staff _____ Therapist/Counselor _____

Conference/Career Fair _____ Internet Search Highway/Building Sign

Signature _____ **Date** _____

The Adler Graduate School does not discriminate in its admissions, employment, or other policies and procedures on the basis of age, race, color, sex, sexual orientation, religion, national origin, or physical impairment.