



# Accept/Decline Form

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Fill in the required data and save the file; (5) e-Mail the completed form to [gradapply@mun.ca](mailto:gradapply@mun.ca)

School of Graduate Studies

Accept/Decline Information				
MUN #:	Last Name:	First Name:	Middle Name:	
Academic Unit:	Please Enter Year from Admission Letter			
Degree:	Fall 20	Winter 20	Spring 20	
Accept offer of admission		Decline Offer of admission		
Program Fee Selection: If you are accepting the offer of admission, please indicate below the eligible payment plan you are selecting:				
Program Transfer	Choose this box only			
Graduate Diploma	Payment of the program fee over nine semesters			
Master's Plan A	Payment of the program fee over six semesters			
Master's Plan B	Payment of the program fee over nine semesters			
Master's Plan C	Payment of the program fee over three semesters (Please consult the <a href="#">Minimum Expense Form</a> for a list of eligible programs)			
Master of Science in Medicine (Applied Health Services Research)	Payment of the program fee over six semesters			
PhD or PsyD	Payment of the program fee over twelve semesters			
Visiting Research Student	Memorial University health insurance on arrival			
Special Fees: Please consult the Special Fees section on the <a href="#">Minimum Expense Form</a> .				
Continuance Fees: Please consult the Continuance Fees section on the <a href="#">Minimum Expense Form</a> .				
Next of Kin Contact Information:				
Relationship:				
Spouse	Partner	Parent	Relative	Friend
Last Name:	First Name:	Middle Name:	Title (e.g. Mr., Ms.)	
Street or PO Box #:				
City/Town:		Country:		
Province/State:		Postal/Zip Code:		
eMail address:				
Telephone No.:				
Declaration:				
I confirm that the above is accurate and true and that I have read the regulations on Registration as well as Tuition and Fees on <a href="http://www.mun.ca/sgs/newstudents/index.php">http://www.mun.ca/sgs/newstudents/index.php</a> before affixing my name below.				
Name:			Date:	

The University reserves the right to make changes to the regulations, fees and charges. It is the student's responsibility to be aware of these changes (see University Calendar) and the applicable deadlines (see University Diary). The University Calendar and the University Diary are available at: [www.mun.ca/regoff](http://www.mun.ca/regoff). Students should also become familiar with the School of Graduate Studies General Regulations, the degree regulations and any departmental regulations (see University Calendar).

Memorial University protects privacy and maintains the confidentiality of your personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL1990CHAPTERM-7). It is required for the processing of your admission and for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at [sgs@mun.ca](mailto:sgs@mun.ca).