

**Intensive English Program**  
**INTENT TO CONTINUE IN PROGRAM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

CSUN ID: \_\_\_\_\_

Current Term: \_\_\_\_\_

I intend to continue studying in the IEP for the next term, \_\_\_\_\_  
beginning \_\_\_\_\_ and ending \_\_\_\_\_.

I certify that I am eligible to continue as a full-time CSUN IEP student, that I have  
maintained full-time student status, and that I am in good standing in the IEP.

I understand that with this document, I authorize the IEP to charge my account for tuition  
charges for the new session and that I am responsible for submitting payment or a  
sponsorship form before enrollment may be processed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
IEP Student Life Approval

\_\_\_\_\_  
Date

Client Service Use Only

Financial Checklist Generated	<input type="checkbox"/>
Financial Checklist Item N1	<input type="checkbox"/>
Financial Checklist Item N2	<input type="checkbox"/>