



Sanghyun aka Enoch Park <enochpark89@gmail.com>

Your next steps before your Intake Interview

1 message

WGU <info@wgu.edu>
Reply-To: admissions@wgu.edu
To: enochpark89@gmail.com

Thu, Apr 7, 2022 at 9:26 AM

Western Governors University

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Dear Sanghyun,

Congratulations! You have been provisionally accepted for admission to WGU.

You are one step closer to beginning your degree program. We hope you are excited. We are certainly excited about you joining our community of students, faculty, and staff who are all united under one common goal: Your Success.

To finalize your acceptance to WGU, you must finish the steps necessary to complete your Intake Interview. Here are those steps:

Step 1. Inform your Enrollment Counselor of your intended payment method for tuition.

This could be financial aid, self-pay, VA benefits, GI Bill, Tuition Assistance, scholarships, etc.

Step 2. If using financial aid, complete the financial aid application process as soon as possible.

To avoid delay, please begin this process immediately if you have not done so already.

Step 3. Finalize any last remaining program-specific admission requirements.

Some degree programs have specific admission requirements that need to be complete prior to enrollment. Talk to your Enrollment Counselor to determine what those may be.

Step 4. Complete Intake Interview online or by phone.

The Intake Interview is a 20- to 30-minute online or phone-based interview where you do the following:

- Review technology requirements
- Review tuition and your method of payment
- Check your program of choice
- Validate the accuracy of your student profile
- Review WGU's educational model

Click [HERE](#) to complete the interview online or schedule a time with your enrollment counselor to complete the interview by phone.

Get excited about achieving your education and career goals! The sooner you can get through these last steps, the sooner you can get on the roll and get started.

**Contact your Enrollment Counselor as soon as you can to finish any remaining steps necessary to complete the process for enrollment.*

Best regards,

WGU Admissions
admissions@wgu.edu

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Your Enrollment Counselor:

Blake Belpedio
Enrollment Counselor
blake.belpedio@wgu.edu
(866) 225-5948

Accredited Affordable Accelerated Applicable

[4001 S 700 E #700, Salt Lake City, UT 84107](#)

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Child/Dependent 3: Address/City/State/Zip: Phone: () - -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent
Child/Dependent 4: Address/City/State/Zip: Phone: () - -	<input type="checkbox"/> Add <input type="checkbox"/> Drop	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number ____ - ____ - ____ Date of Birth (mm-dd-yyyy) ____ - ____ - ____	Status (check all that apply) <input type="checkbox"/> Student (post high school) <input type="checkbox"/> Disabled <input type="checkbox"/> Non standard dependent

Dental Coverage: You must be enrolled to cover your dependents. Check only one box.

	Employee Only	EE & Spouse/domestic partner	EE & Dependent/Child(ren)	EE, Spouse/domestic partner & Dependent/Child(ren)
Option 1: Managed Dental Care <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2: PPO <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• If Managed Dental Care is elected, you must have a Primary Care Dentist (PCD). Please designate your PCD(s) by listing dental office location number(s) for each person. Please visit guardianlife.com for a list of providers. If you do not select a PCD, one will be assigned for you.

Employee _____ Spouse/domestic partner _____ Child(ren) _____

☐ I do not want this coverage. If you do not want this Dental Coverage, please mark all that apply:

☐ I am covered under another Dental plan

☐ My spouse/domestic partner is covered under another Dental plan

☐ My dependents are covered under another Dental plan

Vision Coverage: You must be enrolled to cover your dependents. Check only one box.

	Employee Only	EE & Spouse/domestic partner	EE & Dependent/Child(ren)	EE, Spouse/domestic partner & Dependent/Child(ren)
Full Feature - Designer <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I do not want this coverage. If you do not want this Vision Coverage, please mark all that apply:

☐ I am covered under another Vision plan

☐ My spouse/domestic partner is covered under another Vision plan

☐ My dependents are covered under another Vision plan