Applicant Declaration Form

Submission of Information

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. Should any of the information I have given change prior to my enrollment at the institution, I shall immediately notify the Office of Admission.

I confirm that I have included information on all of my academic studies and will not pursue further study prior to joining this university. Failure to provide this information can result in dismissal from the university.

I confirm that the I-20 Shipping Address provided in the application is an address where I personally receive mail.

Payment of Fees

I agree to pay all tuition, accommodation and any other fees incurred as they become due.

Medical Insurance

The university requires all full-time students to be covered by health insurance which meets the University requirements. Students unable to provide evidence of adequate alternative coverage at the time of their application will be required to enroll in the University health insurance plan before arrival

Authorization for Release of Information

I understand that this application is for admission to the University and is valid only for the term indicated. I also understand and agree that I will be bound by the University's regulations concerning application deadline dates and admission requirements.

I agree to the release of any secondary or post-secondary transcripts and related credentials and I authorize INTO University Partnerships (IUP) or the University to contact any secondary and/or postsecondary institution that I have attended for the purposes of confirming receipt of the official records needed to complete my application and discussing any subsequent admission or scholarship decision.

All documents submitted as part of an application or enrollment, including but not limited to transcripts, will not be returned to the applicant and may be retained for processing and record-keeping purposes.

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I agree that the University and INTO University Partnerships (IUP) (to the extent it may be covered by FERPA) may release my student record as necessary to facilitate admissions, enrollment and continued progress through any academic program at the University. This authorization specifically permits the sharing of information between the University and IUP, or to any other entity, organization, or person directly responsible for my recruitment or continued participation at the University.

I also authorize my application and application materials for any University program to be considered and reviewed by INTO University Partnerships Ltd., if applicable to facilitate application, admission, or enrolment.

This authorization also permits providing access to application materials and student records to my representative, sponsor or parent. This authorization remains valid during the University application process and throughout my enrollment.

Student Signature **Date (mm/dd/yyyy)**

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Print Name (Student)

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Students Under 18

All students under the age of 18 must have all applications and contracts signed by a parent/guardian or sponsor.

Parent/Guardian/Sponsor Signature **Date (mm/dd/yyyy)**

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Print Name (Parent/Guardian/Sponsor)

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