

### **Applicant Declaration Form**

#### **Academic Disciplinary Action**

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution, or do you have any charges of disciplinary violations pending against you?

Yes       No

#### **Legal Violation**

Have you ever been adjudicated guilty or convicted of a misdemeanor or felony, or do you have any charges of a misdemeanor or felony pending against you? (Note that you are not required to answer "yes" to this question or provide an explanation if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by law or by a court to be kept confidential.)

Yes       No

If your answer to any of the preceding is YES, details of any offenses should be included on a separate sheet. If your records have been expunged pursuant to applicable law, you are not required to answer YES to these questions. If you are unsure whether to answer "yes", we strongly suggest that you answer YES and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of your offer of admission.

#### **Gender Identity (optional)**

If you would like the opportunity, we invite you to share more about your gender identity

Yes       No

**Comment:** \_\_\_\_\_

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

I confirm that I have included information on all 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.

#### **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 F-1 and J-1 international students to be covered by health insurance which meets the Hofstra University requirements. Students will automatically be enrolled in the Hofstra University health insurance plan unless they request a waiver and provide evidence of alternate coverage. Information may be found at: <https://www.hofstra.edu/studentaffairs/international/insurance.html>

**Authorization for Release of Information**

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

I agree to the release of any secondary or post-secondary transcripts and related credentials to Hofstra University; furthermore, I authorize Hofstra University to contact any secondary and/or post-secondary 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.

I agree that Hofstra University, INTO HOFSTRA, 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 Hofstra or INTO HOFSTRA. This authorization specifically permits the sharing of information between Hofstra, INTO HOFSTRA, and IUP, or to any other entity, organization, or person directly responsible for my recruitment or continued participation at Hofstra University.

I also authorize my application and application materials for any Hofstra University program to be considered and reviewed by INTO HOFSTRA or another INTO University Partnerships Ltd. joint venture in the United States, if applicable, to facilitate application, admission, or enrollment.

This authorization also permits providing access to my application materials and student records to my educational counselor, sponsor or parent. This authorization remains valid during the Hofstra University and/or INTO HOFSTRA application process and throughout my enrollment in Hofstra or INTO HOFSTRA.

**Student Signature**

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

\_\_\_\_\_

\_\_\_\_\_

Print Name (Student) \_\_\_\_\_

**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) \_\_\_\_\_