

Applicant Declaration Form

Academic Disciplinary Action

Are you currently, or have you ever been, charged with or subject to disciplinary action for scholastic (such as plagiarism or cheating) or any other type of behavioral misconduct at any educational institution which resulted in your probation, suspension, removal, dismissal or expulsion?

You do not need to disclose academic dismissal, suspension or probation for poor grades.

Yes No

Legal Violation

Are you currently under indictment for, or have you ever been convicted of, pled guilty to, or been placed on court supervision for any criminal offense? (This does not include routine traffic offenses, juvenile proceedings, or officially expunged records.)?

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.

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 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.

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 Illinois State University requirements. Students unable to provide evidence of adequate alternative coverage at the time of their application will automatically be enrolled in the Illinois State University health insurance plan. Information may be found at: <https://healthservices.illinoisstate.edu/insurance/>

Race and Ethnicity (optional to answer)

Are you Hispanic/ Latino(a)/Latinx Yes No

What is your race? (Please check one or more that apply)

American Indian or Alaskan Native Asian Black or African-American

Native Hawaiian/ Other Pacific White

Authorization for Release of Information

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

Illinois State University partners with INTO University Partnerships (IUP) to facilitate admission application processing. Therefore, I agree to the release of any secondary or post-secondary transcripts and related credentials to Illinois State University, INTO Illinois State, or IUP on behalf of the university. Furthermore, I authorize Illinois State University, INTO Illinois State, or IUP 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 Illinois State University, INTO ISU, and INTO University Partnerships (IUP) (to the extent it may be covered by FERPA) may share my student record as necessary to facilitate admissions and enrollment to Illinois State University. This authorization specifically permits the sharing of information between Illinois State University, INTO Illinois State, IUP, or any other entity, organization, or person directly responsible for my recruitment or continued enrollment at Illinois State University.

If I am not admissible to any Illinois State or INTO Illinois State program, I authorize my application and application materials to be considered and reviewed by INTO University Partnerships for admission to another INTO partner school

This authorization includes permission to share information regarding application materials and student records to any representative, sponsor or parent listed below. This authorization remains valid during the Illinois State University and/or INTO ISU application process and throughout my enrollment in ISU and/or INTO ISU.

My Education Counselor (Company/Organization) _____

My Sponsor (Sponsor Name) _____

My Parent(s) or Other Relative _____

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)** _____

Print Name (Parent/Guardian/Sponsor) _____