

Applicant Declaration Form

State of Oregon law requires that we ask the following questions. **Answering them is optional.** The purpose is to provide additional information to students about OSU services and opportunities. Your responses are kept private and secure.

1. What is your Legal Sex Designation? Male Female No response
2. Do you identify with a gender identity that does not align with your sex designation?
 Yes No No response
3. Would you like to provide information regarding sexual orientation at this time? Yes No

If you answered "Yes" to questions 2 and 3, please email intladmit@oregonstate.edu with the subject "Provide LGBTQIA Information" and we will send additional questions to you.

The following acknowledgements and questions are required:

Academic History:

Are you eligible to enroll at each of the institutions you have attended in the past seven years?

- Yes No

If no, provide the institution name at which you are ineligible to enroll: _____

Submission of Information

I acknowledge that I have provided an accurate list of all post-secondary/college level work attempted, completed, or in progress. I understand that omitting a prior college or university from this list may result in denial of admission or disciplinary action.

I have read this application and certify that the statements made, and documents submitted, for this application are correct and complete, including a report of all college work attempted or completed and that the written statements submitted with this application were written exclusively by me. I understand that withholding information requested on this application, or giving false information, may make me ineligible for admission to the university or subject to dismissal. My admission and continuing status at OSU is conditional on such completeness and truthfulness.

I also understand that if I am admitted to OSU and do not enroll for the term to which I am admitted AND wish to apply to another term, I must notify the Office of International Admissions in writing to update my file if I am applying in the same or subsequent academic years. If I wish to apply after one academic year from the original application date, I understand that I must submit a new application.

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



Please note that academic performance is not the sole criterion for admission to the university. The university may evaluate a person's behavior and background to determine their ability to maintain the standards of academic and professional conduct expected at the university. An evaluation may take into consideration current behavior and performance as well as past experiences and actions. Simply qualifying for admission does not guarantee admission.

Medical Insurance

The full cost of the International Student Health Plan will be added to the student's account unless evidence of approved alternative health plan has been approved by the OSU Student Health Center: <https://studenthealth.oregonstate.edu/students/new-international-students>

Authorization for Release of Information

For the purpose of allowing others to assist me with my education, I authorize Oregon State University (OSU) and INTO Oregon State University, Inc. (INTO OSU) to release information to any representative, sponsor, or parent listed below, and between OSU and INTO OSU regarding my:

- application materials as necessary to facilitate the application process for any INTO OSU or OSU program,
- academic and financial student records as necessary to facilitate enrollment and continued progress during either my OSU freshman undergraduate year or during my first term as an OSU master's student, as applicable, and throughout my enrollment in an INTO OSU program.

I also authorize OSU and INTO OSU to release information to INTO University Partnerships Ltd. (IUP) regarding my application and application materials to facilitate application, admission or enrollment for any INTO OSU or OSU academic program. I also authorize my application and application materials to be considered and reviewed by other IUP partnerships in the United States, if applicable, to facilitate application, admission or enrollment

My Education Counselor (Company/Organization) _____

My Sponsor (Sponsor Name) _____

My Parent(s) _____

Other (Name and Relationship) _____

Once signed, this consent is valid until revoked. The revocation process is initiated by the student emailing the OSU Office of International Admissions at intladmit@oregonstate.edu

By signing below, I acknowledge all statements and authorizations above and have provided truthful answers to the questions above.

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

Students Under 18

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

Parent/ Guardian Name _____ **Signature** _____ **Date (mm/dd/yyyy)** _____