

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?

Yes No

Legal Violation

Are you currently the subject of pending criminal charges or an indictment, or subject to arrest for any criminal offense?

Yes No

Have you been convicted of, pled guilty to or pled no contest to a felony or sexual offense?

Yes No

Have you ever been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) that resulted in, or, if still pending could result in, probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license (you are not required to include traffic violations that only resulted in a fine)?

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 or residence statement 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 Suffolk University requirements. Students unable to provide evidence of adequate alternative coverage at the time of their application will automatically be enrolled in Suffolk University’s health insurance plan. Information may be found at: suffolk.edu/campuslife/2946.php

Authorization for Release of Information

I understand that this application is for admission to Suffolk University and is valid only for the term indicated. I also understand and agree that I will be bound by Suffolk’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 Suffolk University; furthermore, I authorize Suffolk 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 Suffolk University, INTO Suffolk, 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 Suffolk University or INTO Suffolk. This authorization specifically permits the sharing of information between Suffolk University, INTO Suffolk, and IUP, or to any other entity, organization, or person directly responsible for my recruitment or continued participation in the Suffolk or INTO Suffolk program.

I also authorize my application and application materials for Suffolk University to be considered and reviewed by INTO Suffolk or another INTO University Partnership if applicable to facilitate application, admission, or enrolment.

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

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) _____