

LLM Program Applicant Declaration Form

Character and Fitness

YOU MUST ANSWER THE FOLLOWING QUESTIONS FULLY FOR YOUR APPLICATION TO BE PROCESSED.

If the answer to any of the below questions is yes, you must upload an addendum with complete details. Please list all states, dates, and explain fully. The applicant is responsible for promptly the Director of Graduate and International Programs of any changes in the information sought here prior to, or subsequent to, matriculation in the Law School.

Note: Bar Examiners may require other information that is not asked in this application.

Have you ever been denied admission to a state bar because of failure to pass the examination?

Yes No

Have you ever been denied admission to a state bar for any other reasons?

Yes No

Have you ever been charged with, or convicted of, a crime other than a minor traffic violation?

Yes No

Have you ever been the subject of an academic or disciplinary action (e.g., probation, suspension, dismissal, warning, invitation to withdraw) from any institution attended?

Yes No

Bar Admission

List the states and/or countries, dates of admittance, and the current status (active/inactive) to practice law.

Country _____	Date of Admittance _____
State or Province _____	Current Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive
Country _____	Date of Admittance _____
State or Province _____	Current Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive
Country _____	Date of Admittance _____
State or Province _____	Current Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive
Country _____	Date of Admittance _____



State or Province _____ Current Status Active Inactive

If you are not a member of the bar in any state/ country, when do you plan to sit for a bar examination and in which state/ county?

Planned bar exam date _____

Country _____

State or Province _____

If you are not qualified to practice law, have you completed all the academic (university level) legal education requirements necessary to take the bar examination?

Yes No

If you have answered 'No' to the above question, when do you expect to complete the legal education requirements?

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 application process.

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) _____