

## 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

If your answer to 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 on the main campus in Tucson Arizona to be covered by health insurance which meets the University of Arizona requirements. Students unable to provide evidence of adequate alternative coverage at the time of their application will automatically be enrolled in the University of Arizona health insurance plan. Information may be found at:

<https://health.arizona.edu/student-health-insurance>

Students enrolling in the Global Campus programs are not required to purchase University of Arizona health insurance, but may need to provide proof of insurance at their local campus.

### Equal Opportunity Statement

The University of Arizona is an equal opportunity, affirmative action institution. The University prohibits discrimination on the basis of race, color, religion, sex, national origin, disability, age, veteran status, sexual orientation, or gender identity. It is committed to maintaining an environment free from sexual or any other illegal harassment and retaliation. To report discrimination or sexual harassment, students should call the Office of Institutional Equity at (520) 626-6768. Students wanting information on Arizona's compliance with the Americans with Disabilities Act should call +1 (520) 621-3268.

**Authorization for Release of Information**

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

University of Arizona 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 University of Arizona or IUP on behalf of the university. Furthermore, I authorize University of Arizona 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 University of Arizona and INTO University Partnerships (IUP) (to the extent it may be covered by FERPA) may share my student record as necessary to facilitate admissions, enrollment and continued progress to University of Arizona. This authorization specifically permits the sharing of information between University of Arizona, IUP, or any other entity, organization, or person directly responsible for my recruitment or continued enrollment at University of Arizona. This authorization remains valid during the University of Arizona application process and throughout my enrollment in University of Arizona.

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

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

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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) \_\_\_\_\_