



PART 9: SIGNATURES

Application Signature. The information supplied by me in this application is true and correct. I understand that misrepresentation or false information will be cause for denial of admission and possible discontinuation of my participation in SIBT. I understand that the any and all program tuition, fees, and living expenses for SIBT are payable in full upon registration. I agree to be legally responsible for all costs incurred in connection with my participation in SIBT.

Signature of Applicant

Date

Signature of Parent or Legal Guardian

Date

Student and Academic Conduct. The University of Pennsylvania maintains the highest standards of academic integrity and overall ethical conduct. If enrolled in SIBT, I agree to fully abide by the University Code of Academic Conduct and Code of Student Conduct.

Signature of Applicant

Date

Medical Authorization. In case of a medical emergency, I authorize qualified medical diagnosis and treatment of illness or injury, and release of medical information for medical treatment and insurance purposes. I understand that I am responsible for all medical expenses.

Signature of Applicant

Date

Signature of Parent or Legal Guardian

Date
