THE UNIVERSITY OF TULSA

Verification Signature/Required Disclosure

The following information must be supplied by \underline{all} applicants to The University of Tulsa. Please return the completed form to:

OFFICE OF ADMISSION THE UNIVERSITY OF TULSA 800 S. TUCKER DR. TULSA, OK 74104

1. Have you ever been suspended or dismissed from high school?

If you answer "yes" to any of the questions below, please use a separate sheet to explain the circumstances and outcome, including date(s) and location (school/city/state).

□Yes □No

	2.	Have you ever reasons?	been suspended □Yes	or dismissed from a college or u □No	university for academic
	3.	Have you ever reasons?	been suspended □Yes	or dismissed from a college or u □No	university for disciplinary
	4.	Have you ever	been arrested fo	r, charged with or convicted of a	felony? □Yes □No
	5.	any state or jur	isdiction must no	at anyone who is required to reg tify the college he or she attends egister in any state as a sex offe	s. In compliance with this
An affirmative answer to any of these questions will not necessarily result in rejection of an applicant for admission. However, failure to answer any of the questions truthfully or failure to disclose information honestly if you responded affirmatively to any question will subject an accepted applicant to having the offer of admission rescinded or will subject an enrolled student to the University's student judicial process and may result in dismissal from the University.					
I certify that to the best of my knowledge that all statements submitted by me on my admission application and on this form are correct, complete, and my own. I am aware that, if I enroll at The University of Tulsa, all portions of my application (excluding the secondary school counselor evaluation) will become part of my permanent record. I understand that failure to provide accurate and complete information can result in cancellation of the application and/or revocation of admission and/or enrollment. I also understand my obligation to inform the University if information or circumstances indicated on my admission application or this form should change.					
Plea	se PR	INT your full name			Social Security Number
Sign	ature				Date