



**SCHOOL OF PHYSICAL THERAPY
& REHABILITATION SCIENCES**

DOCTOR OF PHYSICAL THERAPY DEGREE PROGRAM

Legal Disclosure Statement*

**Note: This statement must be completed, signed, and dated before your application will be processed.*

If you answer “Yes” to any of these questions you are required to submit a full statement of the relevant facts explaining the final disposition of the proceedings. 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 you should answer “Yes,” we strongly suggest that you answer “Yes” and fully disclose all incidents. By doing so, you avoid the risk of disciplinary action or revocation of an offer of admission.

Yes___ No___ Have you ever been charged with or subject to disciplinary action for scholastic or any other type of misconduct at any educational institution? If yes, please explain (attach additional pages as necessary):

Yes___ No___ Have you ever been charged with a violation of the law that resulted in probation, community service, a jail sentence, or the revocation or suspension of your driver’s license (including traffic violations that resulted in a fine of \$200.00 or more)? If yes, please explain (attach additional pages as necessary):

I understand and agree that I will be bound by the University’s, College’s and School’s regulations concerning admission requirements. I further agree to the release of any transcripts and academic test scores to this institution. 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. If admitted, I hereby agree to abide by the policies of the Board of Governors and rules and regulations of the University, College and School. Should any of the information I have given change prior to my entry to the University I shall immediately notify the School of Physical Therapy & Rehabilitation Sciences. I further understand that the \$30.00 check or money order I have submitted with this application portfolio is **non-refundable**, and the entire application becomes the property of the University of South Florida. No items will be returned.

Signature (in ink): _____ Date: _____