

TULANE UNIVERSITY SCHOOL OF MEDICINE

Statement of Financial Responsibility (Required by the University)

I accept all academic and financial responsibility for the courses in which I am hereby requesting enrollment. I realize that my tuition and fees are due within 30 days of the date on my bill and that if I do not pay within that time, any remaining balance is subject to a 1.5% per month finance charge.

Honor Pledge

My signature on this form constitutes a pledge to uphold the regulations of the University, and to abide by the rules and regulations of the Faculty of the School of Medicine, and by the Constitution of the Medical Student Body, and by the By-Laws of the Honor Board of the Medical Student Body, copies of which I have received, read and understand.

In accordance therewith, I hereby affirm that I will not only abstain from committing or aiding any dishonest act, but will also report to the Honor Board of the Medical Student Body all offenses of this nature and all evidence of such within my knowledge.

Medical Student Handbook

I acknowledge that I have reviewed the Medical Student Handbook.

Technical Standards

I affirm that I have read and understand Tulane SOM's "Technical Standards" policy (<https://medicine.tulane.edu/lcme/policies>). I am able to meet all of Tulane SOM's technical standards, and I have not had a recent change in my ability to meet to those standards. I understand that if I develop an inability to meet these technical standards at any time, I am required to immediately self-report and seek guidance from the Associate Dean of Student Affairs.

DATE: _____

PRINT NAME: _____

SIGNATURE: _____