## **Disclosures/Application Agreement**

## Notice of Non-Discrimination and Equal Opportunity

In accordance with all applicable federal, state and local laws, Western University of Health Sciences (WesternU) is committed to ensuring a campus community free from unlawful discrimination. Accordingly, WesternU prohibits unlawful discrimination on the basis of race, color, national or ethnic origin, religion or religious creed, sex or gender (including gender identity or expression), marital status, sexual orientation, disability, age, genetic information, military or veteran status, or any other characteristic protected under applicable law, in the administration of its programs or activities. WesternU also prohibits unlawful harassment, including Sexual Harassment. Lastly, WesternU is committed to providing equal access to and equal opportunities to all members of its campus community in accordance with all applicable laws.

## **Application Agreement**

Please carefully review and read the agreement shown below. If you have any questions, please contact the Admissions Office at <u>admissions@westernu.edu</u> or at 909-469-5335.

I understand it is my responsibility to make sure that my application is complete. I understand application fees are non-refundable.

I understand that if I make any misrepresentation or material omission in my application or in any other document or information submitted by me in support of my application, should I be admitted to the university, I may be subject to disciplinary action at any time, even after I am no longer attending the university. Such discipline may include, without limitation, dismissal from the university and/or revocation of any degree, certificate or other academic award.

I certify that all responses to the questions and any information given herein are my own and true. For the purpose of determining admission, I hereby consent to and authorize any educational institution I have attended to release any academic and/or disciplinary information to Western University of Health Sciences. I understand that if any of the information provided in this application is misleading or untrue, whether resulting from an affirmative misstatement or from the omission of material information, my application may be rejected immediately, or any offer of admission, whether provisional or otherwise, may be withdrawn.

I understand that I may be required to submit to a background check prior to or during my enrollment at Western University of Health Sciences. The cost of the first background check will be borne by me. I understand that facts uncovered as a result of the background check, which may preclude licensure of practice in my profession or interfere with Western University of Health Sciences' ability to procure internships/clerkships/rotation sites, may impact my ability to begin or continue my education at Western University of Health Sciences or to obtain licensure to practice my profession are my responsibility.

I understand that if Western University of Health Sciences receives information from any source prior to enrollment of any history of conduct by me that is inconsistent with, or would violate Western University of Health Science's standards of academic and professional conduct, my application may be rejected immediately, or any offer of admission, provisional or otherwise, may be withdrawn.

I hereby waive my right of access to any and all confidential recommendations with respect to my (I) admission to any educational agency or institution, (II) application for employment and (III) receipt of an honor or honorary recognition, which are part of my education records at the Western University of Health Sciences.

I understand that, upon request, I will be notified of the names of all persons making confidential recommendations, and that such recommendations will be used solely for the purpose for which they were specifically intended.

I understand that, in making application to the University, I have not relied on any verbal representation promised by any University agent, representative or employee. The only document that can be relied upon is the University Catalog for general information purposes, and this document is subject to change at any time.

I understand that all materials submitted by applicants become the property of Western University of Health Sciences. The information gathered is used solely for assessing applicant qualifications and is neither shared nor transmitted outside of Western University of Health Sciences.