



SIGNATURES FORM
SUMMER ACADEMY IN APPLIED SCIENCE AND TECHNOLOGY

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 SAAST. I understand that any and all program tuition, fees, and living expenses for SAAST are payable in full upon registration. I agree to be legally responsible for all costs incurred in connection with my participation in SAAST.

Name of Applicant (PLEASE PRINT)

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. Please read the following documents regarding student and academic conduct at Penn:

- <http://www.seas.upenn.edu/undergraduate/handbook/student-ethics.php>
- <http://provost.upenn.edu/policies/pennbook/2013/02/13/code-of-academic-integrity>
- <http://provost.upenn.edu/policies/pennbook/2013/02/15/code-of-student-conduct>

If enrolled in SAAST, I agree to fully abide by all of the above-cited Codes.

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. If admitted, I understand that I must submit a copy of my medical insurance card.

Signature of Applicant

Date

Signature of Parent or Legal Guardian

Date