



UNIVERSITY OF FORT LAUDERDALE

OFFICE OF ADMISSIONS
4069 NW 16TH STREET, LAUDERHILL, FL 33313
PHONE (954) 486-7728 FAX: (954) 486-7667
WEB SITE: WWW.UFTL.EDU

STUDENT DISCLOSURE FORM

Student's Full Name (Please Print)

INITIAL

_____ I have read the University of Fort Lauderdale catalog and have enrolled with full knowledge of their standards and practices for postsecondary education.

_____ I understand that attendance at University of Fort Lauderdale is a privilege and not a right. Students forfeit this privilege if they do not conform to the standards and ideals of work and life of the University. The University may insist on the withdrawal of a student at any time that the student, in the opinion of the University, does not conform to the spirit of the ministry.

_____ I understand the required fees, tuition and refund policy of University of Fort Lauderdale.

_____ I understand that the catalog contains current information regarding the University's calendar, fees, admissions policies, degree requirements, regulations and course offerings, and that University of Fort Lauderdale reserves the right to withdraw a course at any time; change tuition and other fees; revise the calendar and rules regarding admission and graduation requirements; and revise any other regulations affecting the student body. Revisions shall become effective whenever the proper authorities so determine and shall, at the discretion of such authorities, apply not only to prospective students but also to those who at that time are matriculated in the University.

_____ I understand the student dismissal policy of University of Fort Lauderdale.

_____ I understand that the ministry educational programs offered by University of Fort Lauderdale are designed for ecclesiastical vocations.

_____ The University of Fort Lauderdale is a member of the Transnational Association of Christian Colleges and Schools (TRACS) [15935 Forest Road, Forest, VA 24551; Telephone: (434) 525-9539; e-mail: info@tracs.org], having been awarded Reaffirmation I of its Accredited Status as a Category III institution by the TRACS Accreditation Commission on November 1, 2016. This status is effective for a period of ten years. TRACS is recognized by the United States Department of Education (USDOE), the Council for Higher Education Accreditation (CHEA), and the International Network for Quality Assurance Agencies in Higher Education (INQAAHE).

_____ I understand that University of Fort Lauderdale is not responsible for my employment with any church, denomination, religious or secular organization with which I make application.

_____ I understand that all course work required for credit at University of Fort Lauderdale must be my own work.

_____ I understand that I will be responsible for all unpaid fees and will not be able to receive transcripts until such fees are paid in full.

_____ In the event that a photographer or video camera person of University of Fort Lauderdale or The Faith Center Ministries takes a picture with me in it, either singly or in a group, I give permission for my picture to be used in future brochures, videotapes or other publications of University of Fort Lauderdale or The Faith Center Ministries.

_____ I have not been misled in my inquiry for enrollment with University of Fort Lauderdale and hold the University harmless from any and all of my own misunderstandings.

_____ I have read and agree to adhere to the Student Code of Conduct.

Signature of Student

Date