

***Statement of Financial Responsibility (Required by the University)***

I accept all academic and financial responsibility for the courses in which I am hereby requesting re-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***

The signing of this form by me 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.

Date:

Print Name:

Signature:

**If you are having problems submitting the forms, please save the completed form to your computer and email it as an attachment to [safirms@wave.tulane.edu](mailto:safirms@wave.tulane.edu).**