IMPORTANT: THIS DOCUMENT MUST ACCOMPANY YOUR APPLICATION FOR ADMISSION TO

- **any University of Wisconsin Oshkosh teacher licensure program**
- **the Human Service Program**
- **the Professional Counseling Program**

DISCLOSURE STATEMENT

The University of Wisconsin Oshkosh College of Education and Human Services requires applicants for admission to programs leading to licensure or requiring field placements, e.g., practica, student teaching, or clinical field experiences, to complete this disclosure statement.

Applicants must disclose, among other things, whether they have ever been charged with, or convicted of, any crime and whether licensure has ever been denied or revoked in any state for reasons other than insufficient credit or courses. The existence of a criminal record or denial of revocation does not constitute an automatic bar to admission and will be considered only as they substantially relate to the duties and responsibilities of the programs and eventual licensure.

Falsification or omission of information relevant to these questions may constitute grounds for denying your admission to the program or for termination of your admission if the falsification or omission is discovered after admission. Further, after you have submitted the disclosure statement, while your application is being considered or while you are a student in the program, if circumstances occur that would change any responses, you must inform the college of the changed responses.

An affirmative response to an item does not necessarily mean that you will be denied admission. You may be contacted for further explanation of the circumstances leading to the affirmative response. In addition, the college may request further information from the appropriate sources. When necessary, your consent will be obtained. The college will take the information received into account when determining whether to admit you to the program, to postpone admission, or to place special conditions on your admission or to provide special accommodations.

In the event you are denied admission to the program based on your responses to the questions, you have a right to appeal that decision. Notice of the grievance procedure will be forwarded to you in the event of a denial. A copy of the grievance procedure is also available in all departmental and program offices in the college.

-over-

DISCLOSURE STATEMENT

Name:_____

Student ID:_____

1. Have you ever been admitted to, then withdrawn from, or been asked to withdraw from, or been dropped from, a student teaching, clinical experience, or other intern/practicum program **for other than academic reasons?** Yes____ No____

2. Has licensure (teaching or other) been denied to you, or been revoked from you, in any state in the United States for reasons other than insufficient credits or courses? Yes____ No____

3. Have you ever been suspended, expelled, placed on probation, or otherwise disciplined by any college or university, or from any program of a college or university **other than for academic reasons**? Yes____ No____

4. Have you ever been charged with, convicted of, pleaded guilty or no contest to, or forfeited bail for any criminal conduct under law or ordinance, excluding only minor traffic violations? Yes____ No____

(PLEASE NOTE: The existence of criminal charges or a criminal record or denial or revocation of a license does not constitute an automatic bar to admission and will be considered only as they substantially relate to the duties and responsibilities of the program and eventual licensure.)

5. Is there anything that would prohibit you from performing essential "job-related" functions, or functions related to your responsibilities as a student in the program to which you are applying?
Yes____ No____

(PLEASE NOTE: The existence of a physical or mental condition or impairment does not constitute an automatic bar to admission to the program and will be considered only as it/they relate(s) to an ability to perform the duties or responsibilities of a student within the program. Further, the University will make reasonable accommodations to a physical or mental disability.)

Please clarify "yes" answers on a separate sheet of paper.

I hereby certify that the above statements are true to the best of my knowledge. Any false statements or omissions of information may result in denial of admission or termination of admission if the falsification or omission is discovered after admission.

_____ _____

Your Signature Date