



### ***Verification of Significant Other/Non-Spousal Relationship\****

**STUDENT NAME:** \_\_\_\_\_

**SIGNIFICANT OTHER NAME:** \_\_\_\_\_

Please provide a response to questions 1 – 4 listed below:

1) Length of relationship \_\_\_\_\_

2) Student and significant other living in same residence: YES\*\* \_\_\_\_\_ NO \_\_\_\_\_  
\*\*Documentation of cohabitation required (lease agreement or mortgage with both parties' names)

3) Non-medical student partner is financially supporting medical student partner:

YES\* \_\_\_\_\_ NO \_\_\_\_\_

\*Documentation of non-medical student partner non-temporary employment required (e.g., pay stub, letter from employer verifying employment status)

4) Children present in relationship? YES\* \_\_\_\_\_ NO \_\_\_\_\_  
\*Documentation of children's ages required (e.g., birth certificate)

5) Any other relevant information to clarify context of significant other relationship.

### **AFFIRMATION OF STUDENT HONOR CODE** (during campus assignment process)

Any student submitting a request for initial clinical campus assignment is expected to represent any and all information contained in, or related to, the request completely and truthfully. Intentional deception or misrepresentation of information submitted as part of an initial clinical campus assignment will be considered a breach of professional conduct and subject to review and disciplinary action by the Student Promotions and Professional Conduct Committee.

**STUDENT SIGNATURE:** \_\_\_\_\_

**SIGNIFICANT OTHER SIGNATURE:** \_\_\_\_\_

**NOTARY PUBLIC NAME:** \_\_\_\_\_

**NOTARY PUBLIC SIGNATURE:** \_\_\_\_\_

**NOTARY SEAL AND DATE** (can be placed over notary name and signature)