



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 active, non-temporary employment required

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 campus assignment, reassignment, or appealing a campus reassignment 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 a campus assignment, reassignment, or appeal, 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)

***This form used only for non-spousal relationships
Submit copy of marriage license if married**