**UP Program Statement of Agreement**

**I have read and understand the policies and guidelines for the UP Program and understand that I will not be eligible for an undergraduate or graduate degree from the university and will not be eligible to earn college credit if I am admitted to the UP program. I will be permitted to audit individual courses as part of my participation and university experience in the UP Program. I understand that I will be responsible for paying fees for these courses and residential living/meal plan expenses (approximately $15,000 per year). Upon successful completion of the UP program (2 years) and its requirements, I will be eligible to receive a UP Certificate of Accomplishment from the Division of Educational Outreach. I will follow the Student Code of Conduct and abide by the campus rules to the greatest extent possible.**

Applicant Signature (required) Date

Parent/Guardian Signature (required) Date

**Financial Resource Plan**

Please list resources to pay for the fees listed below:

Tuition and Fees—

Room & Board—

Meal Plan—

Support/ UP Program base fee—

Other expenses, *optional* (i.e. spending allowance)—

**Applicant receives support or services from the following**: (please check the ones that apply)

* Division of Developmental Disabilities
* Division of Vocational Rehabilitation
* Medicaid Waiver (i.e., Innovations; state funded community hours)
* Social Security Disability Insurance
* Special Education Services (IDEA funding)
* Supplemental Security Income