collegestudyus.com
yourpartnerinexcellence

Waiver of Rights Form
New York University- SCPS and CollegeStudyUS Inc.

I _____ _____
Print Last Name Print First Name

Certify that I am an international student applying for admission to New York University- SCPS.

In order to assist in the processing of my application, and to provide status updates, I agree to allow CollegeStudyUS to have full access to all my academic and financial records, student ID when available, NYU account log-in and password information and all documents and forms submitted and on file throughout the entire admission, I-20 and enrollment process at NYU-SCPS.

_____ _____
Signature Today's Date

_____ _____ _____
Desired Entry Date Degree (BS/MS) Academic Area of Study

study abroad
Kungsgatan 46
411 15 Göteborg
Sweden
t +46 (0)31 15 10 90
www.studyabroad.se