

# CERTIFICATION FORM FOR SPRING 2019



## **Uganda Studies Program at Uganda Christian University**

A partner program of the Council for Christian Colleges & Universities

321 Eighth Street, NE • Washington, D.C. 20002

Phone: 202.548.5201 • Fax: 202.546.8914 • [usp@bestsemester.com](mailto:usp@bestsemester.com)

Instructions to applicant:

Read and sign in understanding of and agreement to the applicant's certification. Then obtain the required campus approval signatures & college/university seal. NB: Some colleges/universities require institutional approval before signing the Certification Form. Applicants are responsible to know and to comply with their home campus' policies, processes and deadlines for approval and signature. If a copy of the Certification Form is faxed, mail the hard copy to the program so the college seal may be verified and the original signatures are on file.

**Uganda Studies Program Certification:**

As a BestSemester student, I RECOGNIZE that I will be living as a member of a Christ-centered community in Uganda, one that demonstrates respect for members of this learning community and the surrounding local culture. While in this program, I will endeavor to conduct myself in a Christ-like way, displaying biblical virtues such as love, compassion, truthfulness, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control.

In addition to cultivating Christian virtues, I will abide by the behavioral standards of the program, which prohibit the following: academic dishonesty, plagiarism, sexual immorality and promiscuity, theft, violence, disruptive or abusive behavior, bullying, racial and sexual harassment, and unlawful or non-medical use, misuse, or possession of drugs, narcotics, inhalants, and other controlled substances, including marijuana.

FURTHERMORE, out of respect for the values and home institutional policies of others in this community, I will abstain from the use of alcohol and tobacco while enrolled as a student in the program.

I UNDERSTAND that violation of any of these standards is grounds for disciplinary action, up to and including immediate dismissal from the program at my own expense.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE



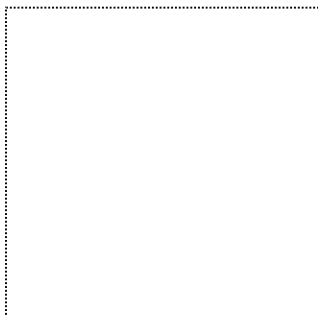
**Required Approval (Campus Officials Only):**

As an authorized signatory of \_\_\_\_\_ College/University,

I HEREBY APPROVE THIS APPLICATION to the Uganda Studies Program, declaring that the above signatory is a student in good standing at our institution. My signature and the college/university seal embossed below constitute approval for the above student to apply to the program and, if accepted, to grant course credit toward the applicant's degree program. Should the student's good standing at and/or approval from our institution change, we will notify the CCCU/BestSemester™. It is understood that the student is required to be enrolled as a full-time student of our institution during participation on the Uganda Studies Program.

The above-mentioned campus is a:  CCCU member institution  CCCU affiliate institution  Non-CCCU institution\*  
\*If Non-CCCU institution, please attach home campus contact details relevant for the student's participation.

PLACE COLLEGE/UNIVERSITY SEAL HERE:



\_\_\_\_\_  
OFF-CAMPUS STUDY APPROVAL/SIGNATORY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OFF-CAMPUS STUDY SIGNATORY'S NAME & TITLE (PRINTED)

\_\_\_\_\_  
ACADEMIC OFFICER'S APPROVAL/SIGNATORY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACADEMIC SIGNATORY'S NAME & TITLE (PRINTED)  
[Typically Registrar or Chief Academic Officer]