

Call for pre-selection of applicants for the **Harvard Summer School (HSS) 2027** program

Informed Consent Form of the Applicant

By submitting this application form, I confirm that:

- I have thoroughly read the announcement published on the TSU website and agree to all the terms and conditions stated, including the financial conditions of participation.
- The information provided in my application is accurate, up-to-date, and free of any false or misleading data.
- I acknowledge that the information I have entered in all required fields is final and will be submitted upon clicking the "**Send**" button, with no possibility for further changes or updates.
- I understand that if any false information is discovered in my application at any stage of the pre-selection or beyond, my candidacy will be withdrawn, and any scholarship granted may be revoked.
- I understand that individual interview schedules cannot be adjusted during the pre-selection process, and my **physical** absence from the interview will result in the removal of my candidacy from consideration.
- If selected by TSU and accepted by HSS, I understand I am not permitted to arbitrarily change the duration of my stay at HSS 2027, either by shortening or extending it.
- If selected by TSU and accepted by HSS, I acknowledge that my participation in HSS 2027 is contingent upon obtaining the appropriate type of U.S. visa in a timely manner.
- If selected by TSU and accepted by HSS, I agree to return to Georgia immediately after the completion of my study period at HSS 2027 and to initiate the mandatory credit recognition process according to university regulations.
- I confirm that I have thoroughly reviewed the "Student Selection Rules for Participation in International Exchange and Mobility Programs of Ivane Javakhishvili Tbilisi State University," including any amendments, and understand my responsibilities as a participant or scholarship recipient as outlined in the document.

Please complete the following information using a blue pen.

Name: _____

Surname: _____

Personal number: _____

Signature: _____

Date [dd/mm/yyyy]: