

Northwestern State University

Undergraduate International Admission

We are glad that you are interested in pursuing an associate or bachelor's degree at our university. Our international admission requirements are given below along with the necessary documents that must be completed for all international applicants.

- Application for Admission
- Financial Statement
- Educational Experiences List
- Health Record
- Immunization Record
- Evaluation Service List and application(s)
- Transfer Form (for transfers from U.S. college/universities only)
- On-Campus Housing Reservation Request
- SEVIS I-901 - \$200 fee required of all international students for initial attendance)

University Admission Requirements

- ✓ Submit the application and the \$30 fee payable in U.S. dollars at least three months before you plan to attend. Make the check or money order payable to NSU.
- ✓ Have the bank official sign the financial statement verifying the bank funds available for your educational expenses for your first year of study at Northwestern State University (\$20,750 U.S. dollars).
- ✓ List all of the schools you have attended including primary and secondary schools.
- ✓ If you are currently in the U.S., list your current visa type and status.
- ✓ Complete the Health Record as accurately as possible. You may have the form completed by your physician.
- ✓ Indicate all meningitis, measles, mumps, rubella, tetanus, and diphtheria shots received and/or dates of illnesses.
- ✓ You must have your educational records evaluated by one of the professional services on the list unless you are attending a U.S. college or graduating from a U.S. high school. You are responsible for paying the appropriate fee to the service. Be sure to request a final cumulative GPA on all evaluations. Make certain that an original copy of the evaluation is submitted to this office.
- ✓ If you have not attended a college or university, your secondary school grade point average must be at least a 2.0 (U.S. 4.0 grading scale) or you must have a total score of 940 on the SAT or 20 composite on the ACT. You must also have a sub-score of at least 18 on the English or Math portion of the ACT. (Or at least a 450 Verbal or 430 Math on the SAT exam.)
- ✓ If you are attending a college or university in the U.S., you must request that your transcript be sent to this office.
- ✓ If you are or have attended a college or university, your cumulative grade point average must be at least a 2.0. You must also not have a need for more than one remedial course when transferring to NSU and must be in good standing at your previous college/university. If you have not earned at least 12 college level hours (excluding remedial courses), you must have at least a 2.0 secondary school grade point average or a total score of 940 on the SAT or 20 composite on the ACT.
- ✓ The TOEFL is required for all applicants of countries where English is not the primary language. The minimum computer-based score required is 173 (500 paper-based). Internet-Based Test score minimum is 61.
- ✓ You must have U.S. medical insurance while in attendance in the United States. If you live off-campus while in attendance, it is advisable to request for Health Services when paying your fees each semester.
- ✓ The Housing Office reserves dormitory rooms upon written request. All freshmen students must live on campus. It is advisable for you to complete the enclosed card and submit the \$75 deposit fee to the Housing Office to the address provided on the card. If the reservation card is not enclosed, you may print it from www.nsula.edu/student_services/Residential/documents/Application%20fall%2006.pdf.

Return the completed admission packet to:

Office of Admissions
175 Sam Sibley Drive
Student Services Center, Suite 235
Natchitoches, LA 71497

Completed application packets must be returned at least 90 days prior to your intended enrollment semester (fall begins in August, spring begins in January, and summer begins in May).

If you have any questions or need assistance, please call (318) 357-4078 or (800) 767-8115 between the hours of 8:00 a.m. and 4:30 p.m. (Central Time) or e-mail Applications@nsula.edu. We will be glad to assist you.



NORTHWESTERN STATE UNIVERSITY OF LOUISIANA

Natchitoches, Louisiana 71497

INTERNATIONAL

UNDERGRADUATE APPLICATION FOR ADMISSION

(Please print in ink or type)

ALL ITEMS MUST BE COMPLETED ON THIS APPLICATION
AN APPLICATION FEE IS REQUIRED WITH THE APPLICATION

Return to: Office of Admissions
200 Central Avenue
Roy Hall, Suite 209
Natchitoches, Louisiana 71497
Phone (318) 357-4078

Application Fee Paid

Make check or money order payable to
N.S.U. Applications submitted without
fees will not be processed.
(Application fee is non-refundable)

Ck # _____ Cash _____
M.O.# _____
Receipt # _____

\$30 International Students

Semester Entering: [] Fall [] Spring [] Summer Year _____

Enrollment Status (check one): [X] INTERNATIONAL STUDENT
[] New Freshman [] Transfer [] Re-Admit
[] On-Line Only

1. Social Security Number (if any) _____ 2. E-Mail Address _____

3. Present Telephone Number () _____ 4. Other Number _____

5. Name _____
Last First Middle Maiden or Previous

6. Current Address _____
Street or P.O. Box Apt. # City State Zip Code Parish

7. How long have you actually resided in the state indicated in question 6? From _____ to _____
(PREVIOUS LOUISIANA RESIDENTS MUST PROVIDE PROOF OF LOUISIANA RESIDENCY WITHIN THE PAST TWO YEARS TO QUALIFY FOR IN-STATE TUITION.)

8. Your Previous Address _____

9. How long did you reside at the address indicated in question 8? From _____ to _____

10. Date of Birth _____ 11. Sex * (optional): [] Female [] Male

12. Ethnic Background * (optional): [X] Foreign/Non-Resident Alien

13. Citizenship: [] International Student What Country? _____

14. ACT or SAT test date(s) _____ 15. Indicate ONE major number from the next page _____

16. Emergency Contact Name _____ Telephone Number () _____

17. Have you ever applied to NSU before? [] No [] Yes If yes, when? _____

18. Complete name of high school _____
Located in _____ City State Month/Year of Graduation _____

19. Have you previously attended ANY college or university? [] No [] Yes List all colleges attended INCLUDING NSU. Also list any
colleges you are attending or will attend prior to your proposed date of enrollment at NSU. ALL U.S. TRANSCRIPTS MUST BE SENT
DIRECTLY FROM YOUR PREVIOUS COLLEGES/UNIVERSITIES TO NSU REGISTRAR AND ADMISSIONS. ALL FOREIGN
TRANSCRIPTS MUST BE SENT TO AND EVALUATED BY AN APPROVED US EVALUATION SERVICE. (LIST ATTACHED)

Name of College/University City/State Dates Attended Hours Earned Degrees Earned

23. Are you eligible to re-enter the last college or university you attended? [] Yes [] No If No, Why? _____

24. Are either of your biological/adoptive parents a graduate of NSU? [] No [] Yes If yes, please give the complete name and graduation date

I certify, if applicable, that I have registered or will register with the Selective Service. (You must complete the back of this application.) I certify, to the best of my
knowledge, the information given above is complete and correct. I understand that failure to provide complete and accurate information is the basis for the rejection of this
application or suspension from the university with loss of any credits earned or fees paid. I do hereby authorize Louisiana public postsecondary education access to my
academic records.

Signature _____

Date _____

UNDERGRADUATE PROGRAMS: Please circle your intended major. (Circle only ONE)

NON-DEGREE PROGRAMS

- 701 HIGH SCHOOL STUDENTS (DUAL ENROLLMENT/STEP UP PROGRAM)
 - 712 HIGH SCHOOL STUDENTS (COLLEGIATE/EARLY ADMIT PROGRAM)
 - 711 LOUISIANA SCHOOL MATH/SCIENCE/ARTS STUDENTS
 - 700 GENERAL UNDERGRADUATE
- [Non-Degree Seeking Programs are not eligible for Financial Aid]

PRE-PROFESSIONAL PROGRAMS

- 618E PRE-AGRICULTURE
- 618J PRE-CARDIOPULMONARY SCIENCE
- 144E PRE-ENGINEERING (Concentration Only)
- 618G PRE-FORESTRY
- 618F PRE-MEDICINE/DENTISTRY

- 618K PRE-OCCUPATIONAL THERAPY
- 618H PRE-OPTOMETRY
- 618I PRE-PHARMACY
- 618L PRE-PHYSICAL THERAPY
- 618C PRE-VETERINARY MEDICINE
- 618P PRE-PHYSICIAN ASSISTANT

ASSOCIATE DEGREE PROGRAMS

- 717 BUSINESS ADMINISTRATION
- 735 CRIMINAL JUSTICE
- 732 ELECTRONICS TECHNOLOGY
- 733 GENERAL STUDIES
- *733B CHILD DEVELOPMENT
- *733M AVIATION SCIENCE

- 400 NURSING
- *400A LPN to ASN
- 718 OFFICE ADMINISTRATION
- *718C COMPUTER INFORMATION SYSTEMS
- 725 VETERINARY TECHNOLOGY

BACHELOR'S DEGREE PROGRAMS

- 101 ACCOUNTING
- 395 ADDICTION STUDIES
- 618 BIOLOGY
- *618O APPLIED BIOLOGY
- *618M BIOMEDICAL
- *618N NATURAL SCIENCE
- 3105 BIOLOGY EDUCATION (GR 6 – 12)
- 110 BUSINESS ADMINISTRATION
- *110H ECONOMICS
- *110I FINANCE
- *110J MANAGEMENT
- *110K MARKETING
- 3106 BUSINESS EDUCATION (GR 6 – 12)
- 634 CHEMISTRY
- *634E BIOCHEMISTRY
- *634P CHEMICAL PHYSICS
- *634N FORENSICS
- *634G PROFESSIONAL
- *634H TECHNOLOGY & MANAGEMENT
- 3107 CHEMISTRY EDUCATION (GR 6 – 12)
- 102 COMPUTER INFORMATION SYSTEMS
- 250 CRIMINAL JUSTICE
- 3101 EARLY CHILDHOOD EDUCATION (GR Pre-K – 3)
- 141 ELECTRONICS ENGINEERING TECHNOLOGY
- 3102 ELEMENTARY EDUCATION (Grades 1-5)
- 221 ENGLISH
- *221A LITERATURE
- *221B PROFESSIONAL WRITING
- 3113 ENGLISH EDUCATION (GR 6 – 12)
- 138 FAMILY & CONSUMER SCIENCE
- *138E CHILD DEVELOPMENT & FAMILY RELATIONS
- *138A FASHION MERCHANDISING
- *138B HOUSING & INTERIORS
- *138D NUTRITION & FOOD SYS MANAGEMENT
- *138C CONSUMER SERVICES
- 3108 FAMILY & CONSUMER SCIENCE EDUC (GR 6 – 12)

- 214 FINE & GRAPHIC ARTS
- *214A GRAPHIC COMMUNICATION
- *214B STUDIO ART
- 734 GENERAL STUDIES
- *734H ARTS & COMMUNICATION
- *734A AVIATION SCIENCE
- *734C COMPUTER & NATURAL SCIENCES
- *734D DEFENSE LEADERSHIP STUDIES
- *734N NON-PROFIT LEADERSHIP
- *734P PROFESSIONAL STUDIES
- *734G SOCIAL SCIENCES
- *734S SPEECH COMMUNICATION
- 377 HEALTH & EXERCISE SCIENCE
- 378 HEALTH & PHYSICAL EDUCATION GR K-12
- 257 HERITAGE RESOURCES
- *257A ANTHROPOLOGY
- *257B GEOGRAPHY
- *257C HISTORIC PRESERVATION
- 261 HISTORY
- 135 HOSPITALITY MANAGEMENT & TOURISM
- *135D CULINARY ARTS
- *135A HOSPITALITY SERVICES
- *135B RECREATION ADMINISTRATION
- *135C TRAVEL & TOURISM
- 145 INDUSTRIAL ENGINEERING TECHNOLOGY
- 231 JOURNALISM
- *231A BROADCAST
- *231B NEWS EDITORIAL
- *231C PUBLIC RELATIONS
- 220 LIBERAL ARTS
- *220B HUMANITIES AND SOCIAL THOUGHT
- *220C FINE AND PERFORMING ARTS
- *220D FOREIGN LANGUAGE
- *220A SCIENTIFIC INQUIRY
- 642 MATHEMATICS
- 3109 MATHEMATICS EDUCATION (GR 6 – 12)
- 242 MUSIC

- *242P PERFORMANCE
- *242M SACRED MUSIC
- 327 MUSIC EDUCATION – INSTRUMENTAL (GR K-12)
- 328 MUSIC EDUCATION – VOCAL (GR K-12)
- 329 MUSIC EDUC VOCAL/INSTRUMENTAL (GR K-12)
- 410 NURSING
- *410B LPN TO BSN
- *410A RN TO BSN
- 633 PHYSICS
- *633E BIOPHYSICS
- *633F CHEMICAL PHYSICS
- *633G ENGINEERING PHYSICS
- *633H MATHEMATICAL PHYSICS
- *633D SPACE SCIENCE
- 3110 PHYSICS EDUCATION (GR 6 – 12)
- 254 POLITICAL SCIENCE
- 392 PSYCHOLOGY
- *392C PREVENTION SPECIALIST
- *392B SUBSTANCE ABUSE
- 615 RADIOLOGIC TECHNOLOGY
- *615A RADT to BSRT
- 3115 SOCIAL STUDIES EDUCATION (GR 6 – 12)
- 274 SOCIAL WORK
- 272 SOCIOLOGY
- 3111 SPEECH EDUCATION (GR 6 – 12)
- 245 THEATRE
- *245D DANCE PERFORMANCE
- *245A DESIGN/TECHNOLOGY
- *245C MUSICAL THEATRE PERFORMANCE
- *245B PERFORMANCE/DIRECTING

**NORTHWESTERN STATE UNIVERSITY
HOUSING POLICY AND ADMISSIONS CHECKLIST**

HOUSING	ADMISSIONS
<p>The Board of Supervisors for State College and Universities requires that “all unmarried full-time undergraduate students must live in campus dormitories”. Exceptions to this policy are made for those students who present convincing evidence of substantial hardship for financial, medical, or other sound reasons. Students desiring such an exemption must file an application with the Office of Student Life.</p>	<p>Application for Admission to NSU, Application Fee, Immunization Record, ACT/SAT scores, Official Final Eight-Semester High School Transcript or Official GED Test Scores. The Student Transcript System (STS) will be used to obtain the official transcript for Louisiana high school graduates of years 2003 to present. (Transfer students and other special admission students should contact Admissions for additional requirements at (318) 357-4078 or 1-800-767-8115.) All documents must be submitted by the credential deadlines given below.</p>

SELECTIVE SERVICE PREREQUISITE INFORMATION

(All applicants must complete this section. Check the box that applies to you.)

- I have registered with the Selective Service as required by the federal Military Selective Service Act. (Attach or mail a copy of your Selective Service Card/Verification. A copy can be printed from www.sss.gov)
- I have not registered with the Selective Service as required by the federal Military Selective Service Act. (You can register at www.sss.gov)
- I am not required to register with the Selective Service because: _____

Application deadlines are:

- July 6 for fall
- November 2 for spring
- April 5 for summer

Credential deadlines are:

- July 27 for fall
- November 16 for spring
- April 19 for summer

ACTIVE DUTY MILITARY

Circle base: Ft. Polk Barksdale AFB

**Any student who submits an application after the deadline will be considered on a case-by-case basis only.
If a late application is accepted, the applicant may have to register late and pay a late registration fee.**

Minimum Admission Requirements

(Applicants who do not meet the minimum admission requirements may be admitted by admission exception provided the maximum limit has not been reached)

First-Time Freshmen (International)

International students must have completed a recognized secondary program comparable to U.S. high school graduation, and have academic records comparable to those required to meet the freshman admission criteria. Admission for freshman international students must be made in accordance with recommendations in nationally recognized publications. Students should have at least completed a program of study that would recommend them for admission to a university in their country.

Transfer Students (International)

- Must have a transferable associate degree or higher from an accredited institution **OR**
- 12 hours of college level courses (non-developmental) **AND**
- 2.0 cumulative grade point average **AND**
- Need no more than 1 developmental (remedial) course **AND**
- Must be eligible to return to the previous institution transferring from.

Transfer students with the minimum grade point average in college level courses, *but less than 12 hours* of college level courses **Must Also Meet** the freshmen admission requirements listed above.

FINANCIAL STATEMENT CERTIFICATION

PRINT YOUR FULL NAME _____

Approximate costs for the current school year are: Tuition, fees, and books **\$11,800**; Room and Board **\$6,950**; and Personal Expenses **\$2,000** for a total of **\$20,750 (U.S. Dollars)** per year. These figures are for a single student. If you bring your **spouse/dependent**, an additional **\$3,500** is required (**\$1000** is required for each additional dependent). **COSTS ARE SUBJECT TO CHANGE WITHOUT NOTICE.** Northwestern **does not offer federal financial aid to International Students.** You and your family must have U.S. insurance coverage while in attendance at Northwestern.

Document the source and amount of funds available for each year you expect to attend Northwestern. Consider exchange and currency regulations and report the funds in **U.S. Dollars.** (Show dollar amounts for each year of attendance.)

SOURCE	1 ST YEAR	2 ND YEAR	3 RD YEAR	4 TH YEAR
Family	\$ _____	\$ _____	\$ _____	\$ _____
Your Own Savings	\$ _____	\$ _____	\$ _____	\$ _____
Government/Sponsor	\$ _____	\$ _____	\$ _____	\$ _____
Scholarship or Other Source	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

Do you have funds to pay for your travel to and from the U.S.? () YES () NO

YOU MUST PROVIDE CERTIFICATION IN ENGLISH OF PARENT AND/OR SPONSOR AND THEIR BANK.

() **Certification by parent/sponsor:** "I certify that I will be responsible for the financial support of the applicant as shown in the confidential statement above".

Signature _____ Relationship to applicant _____

Address _____



() **Certification by bank official:** "Our records indicate that the information furnished above by the applicant's sponsor is an accurate statement of the financial resources available to the applicant during study in the United States".

Signature _____ Print Name _____

Bank's Address _____ Date _____

**** IF DESIRED, YOU MAY USE A SEPARATE, OFFICIAL BANK STATEMENT IN U.S. DOLLARS.** The statement must be on official bank stationery and signed by a bank official.

STUDENT HEALTH RECORD

Please complete all of the following information:

1. Name _____
(last) (first) (middle)
Sex () male () female Date of Birth _____
Permanent Address _____
street address city state providence zipcode country
Family Physician _____
Name in full city state country
2. Notify in case of emergency:
Name _____ Relationship _____
Phone Number _____ Address _____
3. Are you covered by U.S. hospitalization or accident insurance? () yes () no
Name of Policy Holder _____
Relationship to you _____
(If you are covered by hospitalization, it is advisable to bring your identification cards with you.)
4. Indicate any serious diseases, illnesses, injuries, or operations you have had _____

5. Have you had any counseling or treatment for emotional problems in the past five years? () yes () no
6. If yes, please give the name and address of counselor, psychiatrist, or psychologist

7. Are you currently taking any medication? () yes () no If yes, please give the name of the medication,
dosage, etc. _____
8. Please list all allergies _____
9. Please give date of last Tetanus-Diphtheria booster, if known _____
10. Please give date of last meningitis vaccination, if known _____
11. Medical Consent: I hereby grant permission to Northwestern State University's Health Services physicians and nurses to render emergency treatment or other medical care that might be deemed necessary to my health and well-being. I also grant permission for hospitalization at an accredited hospital when necessary for executing such care.
Date _____ Signature _____
(If a minor [under 18 years of age], the signature of a parent or guardian is required.)

INTERNATIONAL STUDENT TRANSFER INFORMATION FORM (Applicable ONLY to those transferring from a US college or university)

Verification of Attendance

This section to be completed by applicant:

I, _____, plan to attend **Northwestern State University** beginning with the _____ semester. I authorize my current school _____ to release information related to my non-immigrant status.

Signature _____ Date _____

This section to be completed by current International Student Advisor:

1. Is this student presently maintaining valid F-1/J-1 status? _____

2. Is this student eligible for transfer? _____

If no,

_____ failed to report to this school

_____ failed to maintain full-time enrollment

_____ reinstatement needed or pending

_____ extension of stay needed

_____ other (explain) _____

3. Student is/was expected to complete requirements on _____.

4. Student did not complete courses of study and terminated attendance on _____.

5. The completion date on the SEVIS I-20 is _____.

6. Student has been authorized:

_____ months of curricular practical training

_____ months of post completion practical training

7. SEVIS record will be released for transfer on _____.

Name & Title _____ Date _____

Signature _____

**Please return this complete form to: Northwestern State University
Office of Admissions
200 Central Avenue
Roy Hall, Suite 209
Natchitoches, LA 71497
FAX – 318-357-4660**

PHONE – 318-357-4078 or 800-767-8115

SS Number: _____ Date of Birth: Month _____ Date _____ Year _____

 Name: _____

 Please Print (Last) (First) (Middle)
 Address: _____

 City: _____ State: _____ ZIP Code: _____

UNIVERSITY REQUIRED IMMUNIZATIONS:

Physician or Other Health Care Provider Verification: (See other side)

M-M-R (Measles, Mumps, Rubella-2 Doses Required)		Tetanus-Diphtheria (Td)
First dose: _____ (Date)	OR Serologic Test: _____ (Date)	Last dose: _____ (Date within 10 years)
Second dose: _____ (Date)	Result: _____ (Date) OR <input type="checkbox"/> Born before 1956	

Meningococcal Vaccine (One dose—preferably at entry into college)
 Quadrivalent vaccine (A, C, Y, W-135) Date: _____ Vaccine Type: _____

PLEASE DO NOT SIGN THIS COMPLIANCE FORM UNLESS THE STUDENT HAS PROPER VACCINES OR IMMUNE TESTS. _____ (Signature of Physician or Other Health Care Provider) _____ Date	Please print office address or stamp here
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UNIVERSITY RECOMMENDED IMMUNIZATIONS:

Physician or Other Health Care Provider Verification:

Hepatitis B Vaccine	Tuberculosis Test
First dose: _____ (Date)	PPD (Mantoux) within the past 12 months (tine or monovac not acceptable) Date given: _____ Date read: _____ Result: Neg _____ Pos _____ mm induration (horizontal diameter) _____ *If PPD is positive, chest X-ray result: Normal _____ Abnormal _____ Date: _____
Second dose: _____ (Date)	
Third dose: _____ (Date)	

READ INFORMATION ON BACK OF THIS FORM

You will *not* be permitted to register until you complete this form and return to:

Northwestern State University
 Office of Admissions
 Roy Hall, Suite 209
 Natchitoches, LA 71497

TELEPHONE NUMBERS
 (318)357-4078
 (800)767-8115

FAX NUMBER
 (318)357-4660

Please read the following information carefully:

Louisiana Law (R.S. 17:170.1 Schools of Higher Learning) requires all students entering Northwestern State University to be immunized for the following: Measles (2 doses), Mumps, Rubella—required for those born on or after January 1, 1957; Tetanus-Diphtheria (within the past 10 years); and against Meningococcal disease (Meningitis). The following guidelines presented on the back of this form are for the purpose of implementing the requirements of Louisiana R.S. 17:170.1, and of meeting the established recommendations for control of vaccine-preventable diseases as recommended by the American Academy of Pediatrics (AAP); the Advisory Committee on Immunization Practices to the United States Public Health Service (ACIP); and the American College Health Association (ACHA). Students not meeting the MMR & TD

requirement will be prevented from registering for subsequent semesters.

NAME: _____

ID/SSN: _____

REQUIREMENT:

TWO (2) doses of measles vaccine; at least **one (1)** dose each of rubella and mumps vaccine; and a tetanus-diphtheria booster (AT LEAST 10 YEARS CURRENT)

Measles Requirement: Two (2) doses of live vaccine given at any age, except that the vaccine must have been given on or after the first birthday, 1n 1968 or later, and without Immune Globulin. A second dose of measles vaccine must meet this same requirement, but should not have been given within 30 days of the first dose. A history of physician-diagnosed measles is acceptable for establishing immunity, but should be accepted with caution unless you were the diagnosing physician.

Tetanus-Diphtheria requirement: A booster dose of vaccine given within the past ten (10) years. Students can be considered to have completed a primary series earlier in life, unless they state otherwise.

Meningitis Requirement: One (1) does of Menomune® (MPSV4) or Menactra™ (MCV4) preferably at entrance into college.

Request for Exemption – MMR & Td

_____ Medical Reasons (Physician's Statement Required)

_____ Personal Reasons (State reason in space provided)

I fully understand that if I claim exemption fro medical or personal reasons, I may be excluded from campus and from classes in the event of an outbreak of measles, mumps, or rubella until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must sign below.

Student Signature

Date

Parent or Guardian Signature

Date

Request for Exemption – Meningococcal Vaccine (Meningitis)

Meningococcal disease is a serious disease that affects the brain and spinal cord. The disease is spread through droplet transmission from the nose or throat, such as sneezing or coughing, and direct contact with oral secretions of an infected individual. This includes such things as kissing, sharing drinks, food, utensils, cigarettes, lip balm or any object that has been in someone else's mouth. Because meningitis is a grave illness and can rapidly progress to death, it requires early diagnosis and treatment. This is often difficult because the symptoms closely resemble those of the flu and the highest incidence of meningitis occurs during late winter and early spring (flu-season). When not fatal, meningitis can lead to permanent disabilities such as hearing loss, brain damage, or loss of limbs.

The U.S. Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA) recommend that college students, particularly freshmen living in dormitories, are at a greater risk for meningitis than the general population. Behavior and social aspects of college lifestyle activities such as living in dormitories, bar patronage, smoking, and irregular sleep habits put these students at greater risk.

Two meningococcal vaccines are available in the US-Menomune® (MPSV4) and Menactra™ (MCV4). The vaccinations are effective against 4 of the 5 most common bacterial types that cause 70% of the disease in the U.S. (but does not protect against all types of meningitis-DOES NOT COVER Group B serotype). Vaccinations take 7 – 10 days to become effective, with possible protection lasting 3 – 5 years. As with any vaccine, vaccination may not protect 100% of all susceptible individuals.

Who should not get the vaccine: People who have had Guillain-Barre Syndrome; Over 55 years old; Pregnant or suspect that you may be; Allergic to thimerosal, a substance found in several vaccines; Have an acute illness, with fever (101° or higher).

Reactions to the vaccine may include pain, redness, and induration at the site of injection, headache, fatigue, and malaise. The vaccine is contraindicated in persons with known hypersensitivity to any component of the vaccine or to latex, which is used in the vial stopper. Because of the risk of injection site hemorrhage, the vaccine should not be given to persons with any bleeding disorder or to persons on anticoagulant therapy unless the potential benefit clearly outweighs the risk of administration. A few cases of Guillain-Barre Syndrome, a serious nervous system disorder, have been reported among people who received the vaccine. As with any vaccine, there is a possibility of an allergic reaction. Vaccination is available at University Health Services (limited supply), private physician offices, and Health Units. Cost of vaccine varies.

WAIVER OF VACCINATION AND RELEASE FROM RESPONSIBILITY

BE IT KNOWN that on this date I, _____, (Name of Student) have been fully informed by reading the Centers for Disease Control and Prevention's *Meningococcal Vaccines—What You Need to Know* Vaccine Information Statement and understand that my health could be negatively affected and my life possibly endangered by not receiving the vaccine. The reason for my completing this waiver is (check one):

- ___ Personal
- ___ Medical
- ___ Religious
- ___ Unavailability of the Vaccine

I declare myself to be a person of the full age of majority and to be mentally competent. I hereby assume full responsibility for any and all possible present or future results or complications of my condition as a result of not receiving the vaccination.

I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of not receiving the vaccination.

I certify that I have read (or have had read to me) and that I fully understand this Waiver of Vaccination and Release from Responsibility. All explanations were made to me and all blanks completed before signing my name. I have elected to not receive the vaccination of my own free will.

Signature of Student

Signature of Parent or Guardian (if required)

Date

APPROVED U.S. PROFESSIONAL EVALUATION SERVICES

American Association of College Registrars &

Admissions Officers (AACRAO)

One Dupont Circle N.W., Suite 520

Washington, DC 20036

(202) 296-3359

(202) 822-3940 (FAX)

E-mail: oies@aacrao.org

WES – Chicago, IL

(312) 222-0882 E-mail: midwest@wes.org

WES – Miami, FL

(305) 358-6688

E-mail: south@wes.org

WES – Washington, DC

(202) 331-2925

E-mail: dc@wes.org

WES – San Francisco

(415) 677-9378

E-mail: sf@wes.org

Educational Credential Evaluators, Inc.

P.O. Box 514070

Milwaukee, WI 53203-3470

(414) 289-3400

(414) 289-3411 (FAX)

web site: <http://www.ece.org>

E-mail: eval@ece.org

Global Credential Evaluators, Inc.

P.O. Box 9203

College Station, TX 77842

(800) 517-4754

(512) 528-9293 (FAX)

web site: www.gcevaluators.com

Josef Silny & Associates, Inc.

International Education Consultants

7101 S.W. 102 Avenue

Miami, FL 33173

(305) 273-1616

(305) 273-1338 (FAX)

web site: www.jsilny.com

E-mail: info@jsilny.com

International Academic Credential Evaluator, Inc.

P.O. Box 2585

Denton, TX 76202-2585

(817) 383-7498

World Education Services, Inc.

P.O. Box 745, Old Chelsea Station

New York, NY 10113-0745

(800) 937-3895

(212) 966-6311

E-mail: info@wes.org

web site: www.wes.org

Foreign Credentials Services of America

1910 Justin Lane

Austin, TX 78757-2411

(512) 459-8428 (512) 459-4565 FAX

***NOTE: A course-by-course evaluation is required for undergraduate transfer and Graduate Studies admission. A Document-by-Document evaluation with cumulative grade point average is required for Freshman admission. You only need to select one service.**