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 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
200 Central Avenue
Roy Hall, Suite 209
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

Semester Entering: ☐ Fall ☐ Spring ☐ Summer Year _______
Enrollment Status (check one): ☐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 ____________________________________________ 6. Current Address __________________________________
   Last First Middle Maiden or Previous
   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): ☐ Foreign/Non-Resident Alien
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
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 ____________________________
20. Have you previously attended ANY college or university? ☐ No ☐ Yes If no, why? ____________________________
21. Are you eligible to re-enter the last college or university you attended? ☐ Yes ☐ No If No, Why? ____________________________
22. 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 ________________

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 # ____________
S30 International Students
<table>
<thead>
<tr>
<th>Degree Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>734 GENERAL STUDIES</td>
<td>Bachelor's in General Studies</td>
</tr>
<tr>
<td>732 ELECTRONICS TECHNOLOGY</td>
<td>Associate Degree in Electronics Technology</td>
</tr>
<tr>
<td>735 CRIMINAL JUSTICE</td>
<td>Associate Degree in Criminal Justice</td>
</tr>
<tr>
<td>717 BUSINESS ADMINISTRATION</td>
<td>Associate Degree in Business Administration</td>
</tr>
<tr>
<td>725 VETERINARY TECHNOLOGY</td>
<td>Associate Degree in Veterinary Technology</td>
</tr>
</tbody>
</table>

**BACHELOR'S DEGREE PROGRAMS**

| 101 ACCOUNTING | 3113 ENGLISH EDUCATION (GR 6-12) |
| 395 ADDICTION STUDIES | 618 BIOLOGY |
| 618 BIOMEDICAL | 618N NATURAL SCIENCE |
| 3105 BIOLOGY EDUCATION (GR 6 – 12) | 110 BUSINESS ADMINISTRATION |
| 634 CHEMISTRY | 634A BIOCHEMISTRY |
| 634P CHEMICAL PHYSICS | 634N FORENSICS |
| 634Q PROFESSIONAL | 3107 CHEMISTRY EDUCATION (GR 6 – 12) |
| 400 HISTORY | 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 | 3113 ENGLISH EDUCATION (GR 6 – 12) |
| 221A LITERATURE | 138 FAMILY & CONSUMER SCIENCE |
| 221B PROFESSIONAL WRITING | 125 CHILD DEVELOPMENT & FAMILY RELATIONS |
| 221D COMPUTER SCIENCE | 125A CHILD DEVELOPMENT |
| 221E SOCIAL STUDIES | 125B FAMILY CONSUMER SCIENCES |
| 221F ENGLISH | 125C CONSUMER SCIENCES |
| 221G FOREIGN LANGUAGE | 125D FAMILY & CONSUMER SCIENCES |
| 221H HISTORY | 125E FAMILY & CONSUMER SCIENCES |
| 221I HUMANITIES | 125F FAMILY & CONSUMER SCIENCES |
| 221J SOCIAL STUDIES | 125G FAMILY & CONSUMER SCIENCES |
| 221K TESOL | 125H FAMILY & CONSUMER SCIENCES |
| 221L SOCIAL STUDIES | 125I FAMILY & CONSUMER SCIENCES |
| 221M WORLD LANGUAGE | 125J FAMILY & CONSUMER SCIENCES |

**NORTHEASTERN STATE UNIVERSITY**

**HOUSING POLICY AND ADMISSIONS CHECKLIST**

**HOUSING**

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.

**ADMISSIONS**

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.

**SELECTIVE SERVICE PREREQUISITE INFORMATION**

(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.
- I have not registered with the Selective Service as required by the federal Military Selective Service Act.
- If you can register at www.sss.gov
- I am not required to register with the Selective Service because:
  - [ ] I have no reason to register to the Selective Service.
  - [ ] I am not a national security or foreign policy exception.
  - [ ] I am a noncitizen, foreign national, dual citizen, or national of a country that would not consider me a threat to national security.
  - [ ] I am a gender designee.
  - [ ] I am on active duty military service.
  - [ ] I am a vomit of a state or local government.
  - [ ] I am a member of the armed forces reserve or National Guard.
  - [ ] I am a member of a civilian law enforcement agency.
  - [ ] I am a member of a government agency.
  - [ ] I am a member of a private school or university.
  - [ ] I am a member of a state or local government.
  - [ ] I am a member of the armed forces reserve or National Guard.
  - [ ] I am a member of a government agency.
  - [ ] I am a member of a private school or university.
  - [ ] I am a member of a state or local government.
  - [ ] I am a member of the armed forces reserve or National Guard.
  - [ ] I am a member of a government agency.
  - [ ] I am a member of a private school or university.
  - [ ] I am a member of a state or local government.
  - [ ] I am a member of the armed forces reserve or National Guard.
  - [ ] I am a member of a government agency.
  - [ ] I am a member of a private school or university.
  - [ ] I am a member of a state or local government.

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.

International Admission Packet
NSU Office of Admissions
Revised 10/03/08
www.nsula.edu/admissions
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.)

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>1ST YEAR</th>
<th>2ND YEAR</th>
<th>3RD YEAR</th>
<th>4TH YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Your Own Savings</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Government/Sponsor</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Scholarship or Other Source</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
</tr>
</tbody>
</table>

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 stationary 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.)
EDUCATIONAL EXPERIENCES BY YEARS

Name ____________________________________________________________ (last) (first) (middle)
Address ____________________________________________________________
Country of Birth ___________________ Country of Citizenship _______________________
Country of Legal Permanent Residence _____________________________________________

If you will bring any dependents with you to the U.S., provide their names, relationship to you, and dates of birth.

___________________________________________________

SUMMARY OF YOUR EDUCATIONAL EXPERIENCES BY YEARS

Show all years beginning with primary/elementary school to your highest level of education. (Do not include kindergarten.)

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Year in School</th>
<th>Kind of School</th>
<th>Name of School</th>
<th>Certificates or Degrees Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Primary School</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secondary School</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>College</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

If you are now in the U.S., give date of entry _________________________________________
What type of visa did you hold at entry? __________________________________________
What type of visa do you hold now? ________________________________________
Date your status changed (if applicable) ____________________________________
If F-1 visa, what institution issued the I-20 to you? _____________________________
Have you attended that institution? ( ) yes ( ) no
If no, why? _________________________________________________________________
How many credits have you completed? _______________________________________
What is your grade point average? ______________________
What institution were you last authorized to attend? ____________________________

Please Note: International Students should attend the institutions that issued them the I-20 for at least one semester before transferring to another institution.

I certify that the above statement regarding my education is correct and will be substantiated by certificates or transcripts.

Signature _______________________________ Date ______________
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
**PROOF OF IMMUNIZATION COMPLIANCE**

(Louisiana R.S. 17:170.1 Schools of Higher Learning)

<table>
<thead>
<tr>
<th>SS Number: ____________________________</th>
<th>Date of Birth: Month __________ Date __________ Year __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Please Print (Last) (First) (Middle)</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City: ___________________________ State: ___________________________ ZIP Code: ___________________________</td>
<td></td>
</tr>
</tbody>
</table>

**UNIVERSITY REQUIRED IMMUNIZATIONS:**

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

**M-M-R** (Measles, Mumps, Rubella-2 Doses Required)

<table>
<thead>
<tr>
<th>First dose: ___________________________ (Date)</th>
<th>OR</th>
<th>Serologic Test: ___________________________ (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second dose: ___________________________ (Date)</td>
<td>Result: ___________________________ (Date)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR</td>
<td>□ Born before 1956</td>
</tr>
<tr>
<td></td>
<td>Last dose: ___________________________ (Date within 10 years)</td>
<td></td>
</tr>
</tbody>
</table>

**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

**UNIVERSITY RECOMMENDED IMMUNIZATIONS:**

Physician or Other Health Care Provider Verification:

**Hepatitis B Vaccine**

<table>
<thead>
<tr>
<th>First dose: ___________________________ (Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second dose: ___________________________ (Date)</td>
</tr>
<tr>
<td>Third dose: ___________________________ (Date)</td>
</tr>
</tbody>
</table>

**Tuberculosis Test**

PPD (Mantoux) within the past 12 months (time 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: ___________________________

**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

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.
**Meningococcal Vaccine Requirement:**

Two (2) doses of Menomune® (MPSV4) or Menactra™ (MCV4) preferably at entrance into college.

**Request for Exemption – MMR & Td**

<table>
<thead>
<tr>
<th>Medical Reasons (Physician’s Statement Required)</th>
<th>Personal Reasons (State reason in space provided)</th>
</tr>
</thead>
</table>

I fully understand that if I claim exemption from 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.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Parent or Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**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):

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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

**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

**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

**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

**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

**Global Credential Evaluators, Inc.**
P.O. Box 9203
College Station, TX 77842
(800) 517-4754
(512) 528-9293 (FAX)
web site: www.gcevaluators.com

**International Academic Credential Evaluator, Inc.**
P.O. Box 2585
Denton, TX 76202-2585
(817) 383-7498

**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.*