Next Steps for Becoming a Bulldog
Confirmed Student Guide and Forms

#GoHigher
Thank you for confirming your enrollment at Concordia University, Nebraska!

As you start this adventure, we know there is quite a bit of information to process. We have collected much of the information you will need in this handbook. The information, checklists and forms will help you be informed, properly registered and ready to hit the ground running when you arrive in August.

Jump Start Days

July 22 and July 25, 2016

Jump Start Days are optional opportunities to get a jump on the school year and take care of business early. You will have a chance to visit with Student Financial Services, get your student ID, complete medical forms, ask questions about your course schedule, confirm your meal plan, audition for musical ensembles, visit a sample residence hall room and much more. Call 800-535-5494, ext. 7233 to register for a Jump Start Day!

LAUNCH Weekend 2016

Aug. 19-21, 2016

LAUNCH is designed to get you started right. You’ll be able to get yourself settled, meet some amazing people and get valuable advice on the transition to college life at Concordia. On Aug. 19, move-in starts at 8 a.m. Fall term begins on Aug. 22.
Mission and Vision

Greetings!

Congratulations on choosing Concordia University, Nebraska! I hope you are excited as you begin one of the greatest and most worthwhile adventures of your life: college. I want to welcome you into our community of students seeking academic challenges, personal growth and preparation for a lifetime of leadership and service in all they do. You are joining a community of students and faculty from across the country who are friendly and want to live out their faith. We are glad you are going to be a part of it all. Welcome!

Scott Seevers
Senior Vice President of Enrollment and Marketing

Mission

Concordia University, Nebraska is an excellent academic and Christ-centered community equipping men and women for lives of learning, service and leadership in the church and world.

Vision

Concordia is a Lutheran university that engages students in dynamic, life-shaping learning experiences and relationships as they discover, pursue and realize their vocational callings.

Christ-centered Curriculum

Christ is at the core of all we do at Concordia. Faith exploration and growth intersect with all subjects, and all students are required to take a few courses in biblical and theological study. The general education program covers 12 areas of study to enable students to broaden their knowledge, improve their communication skills, learn about their own faith, gain a greater appreciation for the whole of God’s creation and come to a clearer understanding of how they can best utilize their unique gifts in service to others. A capstone experience is designated in each major. Multicultural studies, intensive writing and financial literacy activities are also included to ensure a well-prepared graduate.
Enrollment Checklist

Please complete these tasks and forms before you arrive on campus in August. Information about all of these topics is on the following pages. Many of these forms are included in this handbook; others can be found online.

Forms to complete and return in the enclosed envelope:
Please do so at your earliest convenience, but no later than May 1. (If confirmed after May 1, please return as soon as possible.)

- Complete Course Pre-Registration form.
- Consider FERPA regulations and fill out Student Consent for Release of Information form if desired.
- Complete Residence Hall Contract form.
- Complete required health forms, along with a copy of your immunization records.
- Complete Assumption of Risk and Waiver of Liability Release form.
- Complete suggested health forms if desired (available online).

Other tasks to complete:

- Complete the Free Application for Federal Student Aid (FAFSA) as soon as possible after Jan. 1. You will need 2015 tax return information.
- Review Financial Aid Award Letter (received by email between February and August) and follow the instructions to accept it.
- After class schedule is received (between April and August), contact first-year academic advisor to finalize course schedule.
- Contact roommate in June and start to get acquainted.
- Receive account statement in July and select payment plan.
- Decide if you will attend one of the optional Jump Start Days and register. See inside front cover.
- All Intercollegiate athletes, complete steps listed.
- Receive LAUNCH 2016 information in July and get ready for LAUNCH Weekend 2016!
Course Pre-Registration

Name ________________________________________________________________
Student ID J#
First ____________________________________________ M. ____________ Last
______________________________________________________________
Phone ____________________________________________________________

1. Which academic program(s) are you considering? ____________________________ ____________________________ ____________________________
   (For example: art, business, education, sports management, etc.)

2. If considering education, which specialty?
   ○ Early Childhood ○ Elementary ○ Middle ○ Secondary
   Are you interested in obtaining a Lutheran Teacher Diploma? ○ Yes ○ No
   What subjects are you interested in teaching? ____________________________ ____________________________ ____________________________

3. Are you considering a pre-professional program? ____________________________ ____________________________ ____________________________
   (Pre-Med, Pre-Law, Pre-Engineering, etc.)

4. Are you interested in the CEL/Director of Christian Education Program? ○ Yes ○ No
   Pre-Deaconess or Pre-Seminary Program? ○ Yes ○ No

5. List several subject areas or courses you would especially like to include in your first semester of courses:
   Include preferences for science, social science (psychology, sociology, economics) and fine arts (music, art, theatre) courses.
   ____________________________ ____________________________ ____________________________ ____________________________
   ____________________________ ____________________________ ____________________________ ____________________________

6. Are you a U.S. citizen? ○ Yes ○ No, my nationality is: ____________________________
   What is your native language that you feel most comfortable speaking? ○ English ○ Spanish ○ Other

7. Which activities will you be participating in?
   ○ Intercollegiate Athletics (Sport(s): ____________________________)
   ○ Art ○ Music ○ Theatre
   ○ ROTC ○ Forensics

8. Have you received a scholarship for this activity? ○ Yes ○ No

9. If you plan on taking music lessons/ensembles, which would you like to include?
   (For those selected, please indicate your number of years of experience.)
   ○ Piano (___ Years) ○ Organ (___ Years) ○ Voice (___ Years) ○ Choir (___ Years)
   ○ Band (___ Years) ○ Instrument(s) ____________________________ (___ Years)

10. Freshmen only: List courses taken in your senior year of high school for the following subjects:
    Math ____________________________________________________________
    Science _________________________________________________________

11. Freshman only: Have you taken, or do you plan to take any courses for college credit before entering Concordia University?
    ○ In high school ○ During the summer
    Freshman only: Please list the courses, including CLEP or AP courses, below and have transcripts/score reports sent to the Office of Admission.
    AP/CLEP Courses: List course and month/year when the test was taken.
    ____________________________________________ / ________
    ____________________________________________ / ________
    ____________________________________________ / ________
    ____________________________________________ / ________
    ____________________________________________ / ________
    College Coursework: List course number/name and term/year in which the course was taken and the name of the college(s).
    ____________________________________________ / ________
    ____________________________________________ / ________
    ____________________________________________ / ________
    ____________________________________________ / ________
    ____________________________________________ / ________

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Student Consent for Release of Information

The Family Educational Rights and Privacy Act (FERPA)

FERPA gives registered students the right to inspect and review their “educational records.” “Educational records” are records, files, documents, and other material regularly maintained by the university and directly related to the student. It specifically excludes:

- Directory information
- Records maintained personally by university personnel, which are not available to others
- Medical and counseling records
- Some law enforcement/legal records
- Financial information about your parents

The Act also states that the university cannot permit access to, or release of, “educational records,” or personally identifiable information contained therein, to any party without the consent of the student. There are exceptions, for example, for directory information and information disclosed for legitimate educational purposes. (See The Concordia University, Nebraska Student Handbook for a full explanation of the FERPA policy.)

To comply with FERPA, students must provide written consent to the university to release “educational records,” even to a student’s parent or guardian. By signing the statement below, you are authorizing representatives of Concordia University to release, to the individual specifically identified below, your entire “educational record” including, but not limited to:

- Academic (grades, class schedule, progress reports, attendance, etc.)
- Financial (student financial account, financial aid, scholarships, etc.)
- Discipline/Social (formal/informal discipline, personal well being, behavior, social interactions, etc.)

I, ___________________________ (print full name) authorize representatives of Concordia University to release FERPA educational records and student information (academic, financial, or discipline/social affairs) to parent/legal guardian/individual(s) listed below.

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<tr>
<th>Information may be provided to:</th>
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<tbody>
<tr>
<td><strong>Name</strong> (please print full name)</td>
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<tr>
<td><strong>Address</strong></td>
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<tr>
<td><strong>City</strong></td>
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<tr>
<td><strong>State</strong></td>
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<td><strong>ZIP</strong></td>
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<td><strong>Email</strong></td>
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<tr>
<td><strong>Cell Phone</strong></td>
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</tbody>
</table>

| (Additional space for names on back) |

**ATTENTION:** This release allows for release of information, but does not guarantee or require Concordia University, Nebraska to initiate disclosure of any information regarding the student.

**PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.**
Information may be provided to:

Name (please print full name)                              Name (please print full name)

Address
City                        State                  ZIP

Email

Cell Phone

First-Year Parent Blog
No, I would like to enroll the above listed in the First-Year Parent Blog to receive periodic email updates on campus happenings and suggestions for the purpose of supporting students during their first year at Concordia University, Nebraska.
Residence Hall Contract

Reserve Housing Contract for Academic Year 2016-17

- New Student
- Returning Student
- Transfer Student
- Other

- Spring
- Fall
- Year 20 __________

Name ___________________________________________ Student ID J# ______________________

First   M.  Last

Address ____________________________________________________________________________ ______

Street     City              State   ZIP

Birth Date ________________ Age __________ Email _________________________________________

- Male
- Female
- Unmarried
- Married
- Divorced

Parent/Guardian ___________________________________________ Phone (Home) ______________________

First   M.  Last

Address ____________________________________________________________________________ ______

Street     City              State   ZIP

Roommate Preference(s)
The Housing Coordinator will assign roommates according to the attributes listed below. However, if you know who you would like to room with, you must BOTH request each other as roommates at the time of application in order for the request to be granted. Please provide the name(s) of all requested roommate(s) here, if applicable:

________________________________________  ______________________________________

- My academic area of study will be _____________________________________________

- Three words that describe me are ___________________________   ___________________________   ___________________________

- Activities I will be involved in: ☐ Varsity Athletics (the coach knows you're coming) Sport: __________________________

  If yes, would you prefer to live with a teammate, if possible? ☐ Yes ☐ No ☐ No preference

  ☐ Art, Music, Theatre, Forensics, etc. Activity: __________________________

- Do you smoke? ☐ Yes ☐ No Would you room with someone who smokes? ☐ Yes ☐ No

For the following statements, choose the answer that best describes you:

If there are clothes all over the floor ☐ I'd be annoyed ☐ I'd be fine with that ☐ They're probably mine anyway

In the morning, I tend to ☐ Wake up with my alarm ☐ Hit the snooze once ☐ Hit the snooze several times

At night, I tend to ☐ Go to bed as soon as it's dark ☐ Head to bed by midnight ☐ Stay up well past midnight

I prefer to room with someone ☐ More introverted ☐ More extroverted ☐ Really doesn't matter to me

Once I get to know my roommate, I ☐ Would still prefer they always ask to borrow something of mine ☐ Would just assume we could borrow each other's things without asking

- I tend to be ☐ Shy all the time ☐ Shy in new situations ☐ Almost always outgoing ☐ Pretty loud

- Music listening preferences ☐ Country ☐ Hip Hop ☐ Alternative ☐ Pop

  ☐ Christian ☐ Hard Rock ☐ Other

The main reason(s) I am coming to Concordia University, Nebraska is:

________________________________________________________________________________________

What is most important to you in your college experience?

________________________________________________________________________________________

Other factors affecting room assignment:

________________________________________________________________________________________

Other preferences:

________________________________________________________________________________________

If Student is under 19 years of age by the first day of the semester for which housing is requested, the student's parent or guardian must sign below:

________________________________________________________________________________________

PARENT OR GUARDIAN SIGNATURE, SUFERTY TO CONTRACT PERFORMANCE

I hereby acknowledge that I have read and understand the terms as set forth on the front and reverse side of this document, and I understand that I am obligated to abide by all aspects of this agreement.

________________________________________________________________________________________

STUDENT SIGNATURE
1. **Roommate assignment**: While every effort will be made to comply with the student preferences of residence hall assignment and roommate choice, final determination is made by the university.

2. **Vacating residence hall**: In the event a resident vacates a room, the remaining resident will be assigned a new roommate or be reassigned to another room as determined necessary by the housing coordinator in the Student Life Office (SLO). If a resident chooses to have a single room, the additional private room charge will be charged, pending availability.

3. **Room or roommate changes** must follow the guidelines outlined in the Student Handbook. There will be a $100 minimum* processing fee for all student-initiated modification of signed Housing Contract resulting in change of resident hall room/roommate.

4. **Factors of race, color or national origin** will not be considered in making room assignments; requests for specifically named roommates must be reciprocal in nature and received prior to the time a room assignment is made by the housing coordinator.

5. **Resident Hall Contracts** are for the first and second semester terms of the academic year, unless otherwise indicated on the contract. This contract does not provide room and board during officially designated vacation periods. See Student Handbook calendar for those dates. There will be a $50/night minimum* occupancy fee for approved occupancy of the residence hall room outside the Housing Contract dates and outside of school-sponsored events.

6. **Tobacco and pet free**: Concordia University has tobacco-free residence halls and does not allow pets.

7. **Cleanliness/damage**: Every resident is responsible for the cleanliness and maintenance of his or her room and is liable for any damage to residence hall property or furnishings in his or her room resulting from abuse or lack of care.

8. **Privacy and inspections**: During the course of the year, Student Life Office personnel will conduct periodic health and safety inspections for fire, health, safety, and security purposes. These will be conducted as scheduled monthly, during vacations (Thanksgiving, Christmas, and Spring Break) and when circumstances necessitate for the health and safety of students. Additionally, the Directors of Student Life, Residence Hall Coordinators and Resident Assistants have the privilege of entering any residence hall room if there is “reasonable cause” to believe a university code or policy is being violated. Failure by a resident/student to give access to a residence hall room when requested to do so by a university official is a violation of policy. (See Student Handbook for further clarification on access, fire safety, maintenance, inspections, privacy and visitation.)

9. **Guests**: Residents are responsible for their guests and are accountable for complying with guidelines as stated in the section “Guests” in the Student Handbook.

10. **Unclaimed belongings**: Personal effects, valuables or other property of the resident in the residence hall at the close of the current academic year and not reclaimed within 30 days thereafter may be detained or disposed of by the university.

11. **Termination of contract**: Conduct deemed to be such as to require removal of the student from the residence halls shall be grounds for termination of the Residence Hall Contract. The university may terminate this agreement and take possession of the room or reassign the resident(s) to another room or residence hall for consistent violation of any university regulations as found in the Student Handbook and this contract, for health or social reasons, or for any reason deemed sufficient by the Student Life Directors.

12. **Breach of Housing Contract**: There is a $200-$500 minimum* (loss of housing deposit) charge for a breach of signed Housing Contract. Damage to residence hall property or furnishings in his or her room resulting from abuse or lack of care.

13. **Withdrawal from University (attrition)**: Students who sever connections with Concordia for reasons other than graduation MUST BE ATTRITIONED. They MUST complete the attrition form prior to leaving campus. This form can be obtained from the Advising Office. The residential student must also complete the room check-out process with the Resident Assistant. Upon completion of the Attrition Form and room check-out process, the refund of the unexpired portion of the room and board will be made. Attritions must be completed before June 1 (for the following fall semester) and January 1 (for the spring semester) for the housing deposit to be refunded. An attrition after those dates will forfeit the housing deposit for Breach of Contract.

14. **Check out process**: When a student living in the residence halls graduates, attritions or moves to an off-campus residence, the student must complete the residence hall check-out process with the assistance of the resident hall staff (generally the Resident Assistant). Damages noted on the check-out form, if any, will be documented and processed by the Buildings and Grounds staff to determine costs for repair or replacement charged to the student. Failure to officially check out with residence hall staff results in a minimum $50 fine.*

15. **Meal plans**: Students living in the residence halls are required to participate in an on-campus meal plan. You are automatically enrolled in the 21-Meal Plan. Any changes to this meal plan must be made by signing a meal plan contract at the Student Life Office by June 1 for first semester and Dec. 1 for second semester.

*Additional charges may be added when student fails to provide timely notification to SLO, obtain SLO approval or follow SLO guidelines, policy, protocol or process.
# Medical History

**Health Center Information (required to be on file in Health Center)**

**CONFIDENTIAL**

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________________________________________________________________</th>
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<tbody>
<tr>
<td>First</td>
<td>M.</td>
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<table>
<thead>
<tr>
<th>Address</th>
<th>____________________________________________________________________________________</th>
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</thead>
<tbody>
<tr>
<td>Street</td>
<td>City</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>______________________</th>
<th>Age</th>
<th>Cell Phone</th>
<th>________</th>
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</thead>
</table>

- Male
- Female
- Unmarried
- Married
- Divorced

<table>
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<tr>
<th>Date of Last Physical Examination</th>
<th>______________________</th>
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</table>

<table>
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<tr>
<th>Name and Address of Health Care Provider</th>
<th>____________________________________________________________________________________</th>
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**IN AN EMERGENCY, CONTACT:**

<table>
<thead>
<tr>
<th>Name</th>
<th>____________________________________________________________________________________</th>
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<tbody>
<tr>
<td>Relationship</td>
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<tr>
<th>Address</th>
<th>____________________________________________________________________________________</th>
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<tbody>
<tr>
<td>Street</td>
<td>City</td>
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<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Cell Phone</th>
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</tr>
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</table>

**Personal Health History**

**Acute Infectious Disease**

- Chicken Pox
- Hepatitis
- Infectious Mononucleosis
- Typhoid Fever
- Sexually Transmitted Infections
- HIV Infected
- MSRA infection

**Diseases or Health Concerns**

- Rheumatic Fever
- Recurrent painful or draining ear(s)
- Recurrent tonsillitis or strep throat
- Pneumonia/bronchitis
- Kidney/bladder infections or disease
- Diabetes
- High blood pressure

**While at Concordia will you:**

- Need allergy shots
- Need a special diet
- Need consultations with a physician
- Require restricted physical activity
- Be taking prescription medicine or injections

**Have you ever had?**

- Surgery
- Serious injury (head, broken bone, etc.)
- Psychiatric or psychological counseling
- Physical disability
- Learning disability
  - Allergic reaction to:
    - Medication
    - Food
    - Stinging insects
    - Pollen

**Use this section to comment on all positive answers and to describe any serious medical or mental conditions, medications and medical recommendations. If you have a potentially serious medical condition, we recommend you provide a medical history summary from your physician (diagnosis, recommended treatment and follow-up, and any other pertinent information).**

<table>
<thead>
<tr>
<th>Diseases or Health Concerns</th>
<th>Diseases or Health Concerns</th>
<th>Diseases or Health Concerns</th>
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</thead>
<tbody>
<tr>
<td>Frequent urination</td>
<td>Drug or alcohol dependency</td>
<td>Hernia</td>
</tr>
<tr>
<td>Dizziness or fainting</td>
<td>Depression, anxiety</td>
<td>Severe headaches/migraines</td>
</tr>
<tr>
<td>Chronic skin problems</td>
<td>Low blood sugar</td>
<td>Orthopedic problem</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Sinus infections</td>
<td>Sickle Cell Trait</td>
</tr>
<tr>
<td>Disordered eating</td>
<td>Type: ______________________</td>
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<tr>
<td>Other</td>
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</table>
Family History

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<tr>
<th></th>
<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age at Death</th>
<th>Cause of Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
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<tr>
<td>Mother</td>
<td></td>
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<tr>
<td>Siblings</td>
<td></td>
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To the best of my knowledge, the above information is accurate. I understand the information I provided will be used to assist medical personnel in case of emergency.

STUDENT SIGNATURE: ___________________________  DATE: __________

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Have your father, mother, brother, sister or grandparent ever been diagnosed as having any of the following conditions:

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<tr>
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<th>Yes</th>
<th>No</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Asthma</td>
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<td>Cancer</td>
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<td>Diabetes</td>
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<td>Epilepsy</td>
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<td>Heart disease</td>
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<tr>
<td>Alcoholism</td>
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<td>Abnormal bleeding tendency</td>
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<tr>
<td>High blood pressure</td>
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<tr>
<td>Migraine or severe headaches</td>
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<tr>
<td>Celiac disease</td>
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PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Pre-Enrollment Health Requirements

THIS FORM MUST BE COMPLETED PRIOR TO REGISTRATION

Name ____________________________________________________________ Student ID J#_____________________

First M. Last

Address __________________________________________________________________________________________
Street City State ZIP

Birth Date ______________ Age ______ Email _________________________

REQUIRED IMMUNIZATIONS FOR ALL CONCORDIA UNIVERSITY STUDENTS

I understand that I am required to submit a copy of previous immunizations (i.e. school record or from your healthcare provider). The copy MUST be attached to this form. For waiver information, please contact the Health Center at 402-643-7224 or healthcenter@cune.edu.

Tuberculosis (TB) Screening

Have you ever had a positive TB skin test?  ○ Yes  ○ No
Have you ever had close contact with anyone who was sick with TB?  ○ Yes  ○ No
Are you from or have you lived for two months or more in Asia, Africa, Central or South America or Eastern Europe?  ○ Yes  ○ No
If yes, where? ________________________________________________
Have you ever been vaccinated with BCG?  ○ Yes  ○ No

If you answered yes to any of the above questions, Concordia University requires that a health care provider complete a tuberculosis risk assessment within six months prior to the start of classes. All cost associated with the assessment shall be the responsibility of the student. A TB risk assessment form will be provided. If you have any questions, please contact the Health Center at 402-643-7224 or healthcenter@cune.edu.

Meningococcal

Nebraska state law requires post-secondary institutions to provide students and parents information related to the meningococcal disease.

○ I have read the information on Meningococcal disease on page 13 and at cdc.gov/meningitis/index.html and cune.edu/HealthCenter.

○ Yes, I have been vaccinated. ________________________
Month Day Year

Authorization for Treatment

PARENT/GUARDIAN MUST SIGN BELOW FOR AUTHORIZATION OF CARE FOR STUDENTS UNDER 19 YEARS OLD

I authorize Concordia University Health Center, Seward, Nebraska, to provide medical and/or mental health care to:

Name ____________________________________________________________ Student ID J#_____________________

Services may include but are not limited to diagnostic examinations, verification and/or administration of immunizations, and necessary medical treatment and mental health counseling.

I further understand, according to Nebraska law, that once the above named minor reaches age 19 my consent for treatment is no longer required.

______________________________ DATE
STUDENT SIGNATURE

______________________________ DATE
PARENT/GUARDIAN SIGNATURE

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Insurance & Authorization

(Required to be on file in Health Center)  THIS FORM MUST BE COMPLETED PRIOR TO REGISTRATION

☐ New Student  ☐ Returning Student
☐ Spring  ☐ Fall  ☐ Year 20 ______

Every student must complete this form as a new student and with any subsequent changes to the information below. This form authorizes treatment and provides important information to hospitals, clinics and attending physicians.

Name ___________________________________________________________ Student ID J# ________________
First   M.  Last
Date of Birth __________ Sport(s) if applicable

Address ____________________________________________________________________________________________
Street     City              State   ZIP

Cell Phone ______________________

☐ Not insured at this time

Father/Guardian/Self
☐ Same as Mother/Guardian Information
Father's Name __________________________ Phone __________________________
Address __________________________________________________________________
Social Security Number __________________________ Medical Insurance __________
Company or Plan __________________________ Policy Number __________________________
Address __________________________________________________________________
Phone __________________________

Mother/Guardian
☐ Same as Father/Guardian Information
Mother’s Name __________________________ Phone __________________________
Address __________________________________________________________________
Social Security Number __________________________ Medical Insurance __________
Company or Plan __________________________ Policy Number __________________________
Address __________________________________________________________________
Phone __________________________

Is this plan an HMO or PPO?
☐ Yes  ☐ No

Is pre-authorization required to obtain treatment?
☐ Yes  ☐ No

Is a second opinion required before surgery?
☐ Yes  ☐ No

Authorization

I hereby grant permission to any physician, hospital or clinic to which I am referred by the Concordia University Health Center and/or Athletic Training Staff to treat any health problems or injuries deemed reasonably necessary for my well-being. I also hereby authorize Concordia University Health Center and/or Athletic Training Staff to treat any health problems or injuries for which I seek treatment and to release medical information necessary to process insurance claims in order to receive benefits.

Intercollegiate Athletes: Your signature below authorizes the Concordia University Health Center, Coaching Staff, Athletic Administration and Athletic Training Staff to discuss pertinent information related to your health or injuries. You have the right to revoke any part of this at any time by sending written notification to the director of health services or the athletic trainer.

* The insurance policyholder needs to sign for release of insurance information.
* The parent or guardian needs to sign for authorization for treatment and for release of information if student is less than 19 years of age.

Required: Enclose a copy of the front and back of your insurance card.

PRINTED NAME OF STUDENT SIGNATURE OF STUDENT DATE

SIGNATURE OF INSURANCE POLICY HOLDER/PARENT/GUARDIAN DATE

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
**Required Insurance Details**

Enclose a copy of the front and back of your insurance card.

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**Medical Coverage for International Students (and Non-U.S. Residents)**

International students are required to have insurance that will cover medical issues while they are in the United States. International students need to provide proof of their medical coverage. International students (and residents of other countries) should check with their current insurance company to see if they provide any type of medical coverage while a student is in the U.S. If not, the student will need to find coverage for their time in the U.S.

Students should arrange for an option for medical coverage before arriving in the U.S. Look for coverage for particular personal needs, such as athletic injuries, follow-up care, chronic issues or dependents. Concordia doesn’t recommend any particular company to use, but the university has a list of providers specifically for international students while in the U.S. Contact Julie Johnston Hermann, Director of Global Opportunities, at julie.johnston@cune.edu for more information.
Assumption of Risk and Waiver of Liability Release

PLEASE READ THE FOLLOWING CAREFULLY.
If you have any questions or concerns, please visit with an attorney before signing this document. This release must be signed before participation in activities at Concordia University, Nebraska ("University") is allowed.

I acknowledge that my participation in certain activities including, but not limited to, intercollegiate athletics intramural sports, use of the Walz Human Performance Complex ("the Walz"), P.E. Center, University stadium field/track, adjacent University athletic fields and the City of Seward’s Plum Creek Park may be hazardous, that my presence and participation are solely at my own risk, and that I assume full responsibility for any resulting injuries, damages, or death.

In consideration of being allowed to participate in such activities and/or being provided access and the opportunity to use the Walz and other University facilities and equipment, and in full recognition and appreciation of the danger and risks inherent in such physical activity, I do hereby waive, release and forever discharge the University, its officers, directors, agents, employees and representatives, from and against any and all claims, demands, injuries, actions or causes of action, for costs, expenses or damages to personal property, or personal injury, or death, which may result from my presence at or participation in any such University activities.

I further agree to indemnify and hold the University, its officers, directors, agents, employees and representatives harmless from any loss, liability, damage or costs including court costs and attorney’s fees incurred as a result of my presence at or participation in any such activities. I also understand that this Assumption of Risk and Waiver of Liability Release binds me, my personal representatives, estate, heirs, next of kin and assigns.

I have read the Assumption of Risk and Waiver of Liability Release and fully understand it and agree to be legally bound by it.

Full Name (please print neatly) ___________________________ Student ID J# ___________________________
Date of Birth ___________________________ Sport(s) if applicable ___________________________
Email ___________________________ Phone ___________________________

STUDENT SIGNATURE ___________________________ DATE ___________________________

If 18 years of age or younger, signature of parent/guardian is also required.

I, as the parent or guardian of the above-named minor, have read the Assumption of Risk and Waiver of Liability Release, fully understand it, and hereby voluntarily agree and execute the Assumption of Risk and Waiver of Liability Release on behalf of myself as well as the above-named minor and agree that the minor and I are legally bound by it.

Full Name (please print neatly) ___________________________ Relationship ___________________________
Campus Department and Phone, if applicable ___________________________ Email ___________________________ Phone ___________________________

SIGNATURE OF PARENT/GUARDIAN ___________________________ DATE ___________________________

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
required forms for intercollegiate athletes only

the following section contains forms required for student athletes only. these are to be completed in addition to the health center forms on the previous pages.

- naia eligibility certification — register at playnaia.org and submit additional information to the naia eligibility center as soon as possible.
- 2016-17 physical examination record — exam must take place after june 1, 2016.
- lincoln orthopaedic center — parental authorization — for students aged 18 years and younger.
- student-athlete drug testing consent form
- student-athlete concussion responsibility form
Attention Student-Athletes:
The National Association of Intercollegiate Athletics’ Eligibility Center provides initial-eligibility certification for first-time NAIA participants—high school students, transfers from non-NAIA schools, and those who have never participated in athletics at an NAIA-member school. The NAIA Eligibility Center will determine athletic eligibility based on academic record and the additional information provided by the athlete. It is the responsibility of the prospective student athlete to make sure the Eligibility Center has the documents needed to certify his/her eligibility.

If you have not already been cleared by the NAIA Eligibility Center, please take the time to follow the instructions below to prevent any delays in your athletic participation.

**How to Register**
Click “Register to Play”. Fill out form to create a Student-Athlete Profile.

**Test Scores**
Request to have your ACT or SAT test scores sent directly to the NAIA Eligibility Center with code “9876”.
If you still plan to take the ACT/SAT, specify the NAIA code “9876” upon registering for the test to have it sent directly to the NAIA Eligibility Center.

**Transcripts**
Ask your high school or college registrar to send your final official transcript to the NAIA Eligibility Center with code “9876”.

**Payment**
Through a secure transaction, your credit card or electronic check can be used for payment of the one-time fee ($70 US high school students/$90 college transfers/$120 International students) when you register. Students that qualify for a waiver of SAT or ACT testing fees or for a free or reduced school lunch program are eligible for a waiver of the registration fee. Fee waivers will be verified by your high school.

If you have any questions regarding your eligibility, contact the NAIA directly at 816-595-8300 or [ecinfo@naia.org](mailto:ecinfo@naia.org) or contact the Concordia University, Nebraska coach of your sport.
Physical Examination Record

Required for Student Athletes Only
THIS SIDE TO BE COMPLETED BY STUDENT OR STUDENT’S PARENT OR GUARDIAN.

CONFIDENTIAL RECORD: Information contained here will not be released except when you have authorized us to do so.

The physical exam must take place after June 1, 2016, in order to remain valid throughout the 2016-17 athletic seasons.

Name __________________________________________________________ Soc. Sec. Number _________________________

Address

First M. Last

Street City State ZIP

Date of Birth ___________________________ Age _______ Cell Phone __________

Sport(s) __________________________________________

IN AN EMERGENCY, CONTACT:

Name ______________________________________________ Relationship _______

Address

Street City State ZIP

Home Phone ___________ Work Phone ___________ Cell Phone __________

Name and Address of Family Physician

If student is not yet 19 years of age, this side must be completed by a parent or guardian before a physical examination can be given.

MEDICAL HISTORY

Yes No

Asthma

Diabetes

Mononucleosis

Hepatitis

Epilepsy

High Blood Pressure

Kidney Disease

Bleeding Disorder

Cardiac/Heart Problems

Tuberculosis

Sickle Cell

Hernia

HIV/AIDS

Others

Please explain any “yes” answers to the diseases noted above (dates/current condition/etc.):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Current medications:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Limitations/restrictions:

______________________________________________________________

______________________________________________________________

______________________________________________________________

Food/medication/sting/bite or other known allergies:

______________________________________________________________

______________________________________________________________

______________________________________________________________

ORTHOPEDIC HISTORY

Yes No

Sprains

Strains

Fractures

Subluxations

Ligament Injuries

Dislocations

Skull

Fracture

Concussions

Face Injury

Eye

Ear

Nose

Neck

Spine

Lower back

Abdominal

Chest & Ribs

Foot

Ankle

Knee

Upper leg

Lower leg

Hip

Pelvis

Hand

Wrist

Forearm

Elbow

Upper arm

Shoulder

Description (body part/side/specific injury/date/current condition/etc.):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Surgical procedure (body part/side/date/current condition/etc.):

______________________________________________________________

______________________________________________________________

______________________________________________________________

Any other current or severe injury not already listed?

______________________________________________________________

______________________________________________________________

______________________________________________________________

This side was completed by __________________________________________

PRINTED NAME SIGNATURE DATE
Physical Examination

Weight ______________________
Height ______________________
Eye: OS ___________________
   OS ___________________
Thorax (deformity)_________
Heart Pulse __________________
Blood Pressure ________
Lungs ___________________
Abdomen (scars, masses, etc.)

Neurological Screening

BJ          TJ          KJ      KJ          Finger-nose          Babinski
Right ______________________________________________________________________
Left ______________________________________________________________________

Tetanus Record

Date of last Tetanus shot __________
Date of last Toxid shot __________

Participation Status

○ Full participation
○ Limited participation (explain below)
○ No participation
Please indicate which sports (if any) this person should not participate in: __________________________
____________________________________________________________________________
____________________________________________________________________________
Comments: ______________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Physician who administered this examination (must be an MD, DO, PA-C, or APRN)

○ Medical Doctor ○ Doctor of Osteopathy ○ Physician Assistant ○ Advanced Practice Registered Nurse

Physician Name (please print) _____________________________________________________
Physician Address ___________________________ ___________________________ ________
     Street                  City    State   ZIP

SIGNATURE OF PHYSICIAN
DATE

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Lincoln Orthopaedic Center, P.C.

Required for Student Athletes Only
(Age 18 years or younger)

PARENTAL AUTHORIZATION

I, ____________________________, certify that I am the parent/legal guardian of _____________________________, a minor (“Child”), and that I am authorized to provide informed consent for any medical treatment provided to my child. I hereby give my express consent for Lincoln Orthopaedic Center, P.C. (“Clinic”) to perform the following procedures on my child, for the duration of the school year:

Diagnostic procedures such as laboratory test, X-rays and physical examination;
Medical and surgical treatment as deemed necessary by the Clinic healthcare providers;
Ongoing treatments or therapy

I understand the nature of the treatment or procedures, and I acknowledge that no guarantees have been made to me or my child as to the results of treatment or examination performed at the Clinic. Furthermore, I acknowledge that I am financially responsible for any and all medical examinations and treatments provided to my child at the Clinic. I hereby assign and authorize payment directly to the Clinic and those physician(s) providing care to my child of any and all third party payor benefits otherwise payable to me.

I hereby agree that the Clinic and the physician(s) may issue a receipt for any such payment and that this receipt shall be a conclusive acknowledgment by me that I have received insurance benefits from the insurance company(ies) in the sum specified in such receipt, and agree that such payment shall discharge the insurance company(ies) of any and all obligations under the policy(ies) to the extent of such payment and for that purpose. I expressly authorize the Clinic and the physician(s) to furnish the insurance company(ies) with any information desired concerning said medical care and treatment. I understand that I am financially responsible to the Clinic and the physician(s) for charges not covered by this assignment and further agree to guarantee prompt payment in full of any balance due.

I also give permission to Lincoln Orthopaedic Center, P.C to release my child’s medical information to the athletic coaching and training staff at the school where my child attends.

A photocopy of this document shall be considered as valid as the original.

__________________________________________________________ ____________________________________  
SIGNATURE OF PARENT/GUARDIAN                                  DATE

Witness ___________________________________________________________

Sport(s) _________________________________________________________

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
I, ____________________________________, hereby acknowledge that I have read the Alcohol and Drug Education and Testing Policy of Concordia University, Nebraska (CUNE) that follows this form. I understand the policies, procedures and my responsibilities as described in the Policy.

As a condition to my participation in intercollegiate athletics at CUNE during this academic year, I consent to participate in the alcohol and drug education and testing program at CUNE. I understand that my participation in this program includes the collection and testing of my urine at various times during this academic year for drugs, alcohol, and/or other banned substances. Saliva and hair follicle test may also occur.

For health and safety reasons as well as to determine my eligibility, I further consent to the release of the results of any drug test, to the Director of Athletics, the VPSA, the Head Coach, the Team Physician, the Head Athletic Trainer, Assistant Athletic Trainers, and my parent(s) or guardian(s). I acknowledge and understand that a copy of this consent form may be sent to my parent(s) or guardian(s) along with a copy of the Alcohol and Drug Education and Testing Program Policy. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

CUNE, its officers, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this consent form. I fully and forever release and discharge the aforementioned parties from any claims, demands, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from my participation in this program.

<table>
<thead>
<tr>
<th>PRINTED NAME OF STUDENT</th>
<th>SIGNATURE OF STUDENT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Sport(s)</td>
<td></td>
</tr>
</tbody>
</table>

If 18 years of age or younger, signature of parent/guardian is also required.

<table>
<thead>
<tr>
<th>SIGNATURE OF PARENT/GUARDIAN</th>
<th>DATE</th>
</tr>
</thead>
</table>
Student-Athlete Concussion Responsibility Form

I, ________________________________, take responsibility for reporting all injuries and illnesses to the athletic performance staff. I understand that my true physical condition is dependent upon an accurate medical history and full disclosure of any symptoms, complaints, prior injuries and/or disabilities experienced. I hereby confirm that I have fully disclosed all prior medical conditions in writing, and will disclose any future problems that may occur to the athletic performance staff and/or team physician.

I understand that there is a possibility that participation in any sport may result in a head injury and/or concussion. Furthermore, I have read and understand the NCAA Concussion Fact Sheet provided to me and I understand the importance of immediately reporting symptoms of a head injury/concussion to the athletic performance staff and/or team physician. I have discussed any questions I have regarding concussions and head injuries with the athletic performance staff.

After reading the NCAA Concussion Fact Sheet for Student-Athletes, I am aware of the following information:

Initial:

_______ A concussion is a brain injury, which I am responsible for reporting to my athletic trainer.

_______ I am aware that I might notice some of the symptoms of a concussion right away while other symptoms can show up hours or days after the injury.

_______ A concussion can affect my ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance.

_______ I am responsible for truthfully and promptly reporting a concussion and any concussion-related symptoms to my athletic training and/or team physician.

_______ If I suspect a fellow teammate has a concussion, I should promptly report the injury to my athletic trainer or my team physician.

_______ I will not return to play in a competition or practice if I have received a blow to the head or body that results in concussion-related symptoms.

_______ Following a concussion, the brain needs time to heal. I am much more likely to have a repeat concussion if I return to play before my symptoms resolve.

_______ I am aware that a concussion constitutes a serious injury, which may result in severe and permanent physical and/or mental impairment, and even death.

By initialing each statement above and signing below, I acknowledge and agree that I have read each statement above, that I understand each of the statements above, and that I acknowledge and agree to them freely and voluntarily.

__________________________________________________________  ___________________________  __________
PRINTED NAME OF STUDENT          SIGNATURE OF STUDENT          DATE

Sport(s) __________________________________________________________________________

If 18 years of age or younger, signature of parent/guardian is also required.

__________________________________________________________  ___________________________  __________
SIGNATURE OF PARENT/GUARDIAN          SIGNATURE OF PARENT/GUARDIAN          DATE

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Financial Services Checklist

These tasks and forms MUST be completed before you arrive on campus!

- **Award letter:** Make sure you have completed the online acceptance of your award letter. Visit [cune.edu/awardletter](http://cune.edu/awardletter) for instructions.

- **FAFSA:** If you intend to utilize federal aid, including loans, this must be completed. Go to [fafsa.gov](http://fafsa.gov) to complete.
  - If your FAFSA has been received and it has been flagged for verification, this also must be completed as soon as possible. If your FAFSA was flagged for verification, a mailing was sent to your permanent address. Contact Student Financial Services if you have questions.
  - If you do not intend to utilize federal aid, please notify your admission counselor that you will not be completing the FAFSA if you have not done so already.

- **FEDERAL STAFFORD LOANS:** If you have applied for federal aid and have accepted any/all of your Federal Stafford Loans, you, the student, MUST complete the following TWO items:
  - **Master Promissory Note:** Go to [studentloans.gov](http://studentloans.gov) and sign in with your student FSA ID and password. Once signed in, click on Complete Master Promissory Note and proceed with the Federal Subsidized/Unsubsidized Stafford Loan Master Promissory Note.
  - **Loan Entrance Counseling:** Go to [studentloans.gov](http://studentloans.gov) and sign in with your student FSA ID and password. Once signed in, click on Complete Counseling and proceed with ENTRANCE Counseling.

- **FEDERAL DIRECT (PARENT) PLUS LOAN, IF PURSUING AND APPROVED:**
  - The same parent must complete all items below:
    - **Pre-Approval:** Go to [studentloans.gov](http://studentloans.gov) and sign in using parent FSA ID and password. Once signed in, click on Request Direct PLUS Loan and proceed as instructed.
    - **Master Promissory Note:** Go to [studentloans.gov](http://studentloans.gov) and sign in using your parent FSA ID and password. Once signed in, click on Complete Master Promissory Note and proceed with the parent PLUS Master Promissory Note.
    - **PLUS Loan Confirmation Statement:** Go to [cune.edu/plusloan](http://cune.edu/plusloan) to print the form. Then complete and return it to Student Financial Services. Make sure for the amount being borrowed you are including a 4.29% origination fee that will be processed before your loan disburses.

- **REVIEW YOUR STUDENT BILLING STATEMENT:** Student bills are mailed to the student’s permanent address in mid-July for the fall semester and mid-December for the spring semester. Always note the due date listed on the bill, which is the first Monday after school starts that semester.
  - Make sure you have completed all requirements and payment has been made, or a payment plan has been set up PRIOR to the due date. Payment plans begin on Aug. 5 for fall term and Jan. 5 for spring term.

Visit us at [cune.edu/sfs](http://cune.edu/sfs) for further information regarding payments and setting up a payment plan.

Please contact us at any time by calling 402-643-7270 with financial aid questions or 402-643-7355 with billing questions. You may also email us at finaid@cune.edu or studentaccounts@cune.edu.
Academic Calendar
2016–17

FALL SEMESTER 2016
Aug. 22 Classes begin
Oct. 11 First quarter ends
Oct. 12 Second quarter begins
Oct. 14–16 Fall break
Nov. 19–27 Thanksgiving break
Dec. 12–15 Final exams
Dec. 17 End of fall semester
Dec. 17 Fall graduation
(No commencement ceremony)

SPRING SEMESTER 2017
Jan. 9 Classes begin
Feb. 28 Third quarter ends
March 1 Fourth quarter begins
March 4–12 Spring break
March 14–17 Easter break
May 1–4 Final exams
May 6 End of spring semester
May 6 Spring graduation
(Commencement ceremony)

SUMMER SEMESTER 2017
May 8 Summer semester begins
May 29 Memorial Day holiday
July 4 Independence Day holiday
Aug. 19 End of summer semester
Aug. 20 Summer graduation
(No commencement ceremony)