Next Steps for Becoming a Bulldog
Confirmed Student Guide and Forms
#GoHigher
Welcome!

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 17 and July 20, 2015

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 2015

Aug. 21-23, 2015

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. 21, move-in starts at 8 a.m. Fall term begins on Aug. 24.
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 (page 15).
- Consider FERPA regulations and fill out **Student Consent for Release of Information** form if desired (page 17). See pages 6-7.
- Complete **Assumption of Risk and Waiver of Liability Release** form (page 27).
- Complete suggested health forms if desired (available online). See page 12.

**Other tasks to complete:**

- Complete the **Free Application for Federal Student Aid (FAFSA)** as soon as possible after Jan. 1. You will need 2014 tax return information. See page 8.
- Review Financial Aid Award Letter (received by email between February and August) and follow the instructions to accept it. See page 8.
- After class schedule is received (between April and August), contact first-year academic advisor to finalize course schedule. See page 5.
- Contact roommate in June and start to get acquainted. See page 10.
- Receive account statement in July and select payment plan. See pages 8–9.
- Decide if you will attend one of the optional Jump Start Days and register. See inside front cover.
- Athletes, complete steps listed on page 29.
- Receive LAUNCH 2015 information in July and get ready for LAUNCH Weekend 2015!
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
By 2015 Concordia University, Nebraska will grow and expand its influence to diverse populations by fostering collaboration and adapting to our changing environment while remaining faithful to our mission of excellent Christian education.

Christ-centered Curriculum
Christ is at the core of all we do at Concordia. Faith exploration and growth are a part of 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.

View the current catalog at cune.edu/undergradcatalog
Academic Services

Academic Advisors
You have been assigned a first-year academic advisor. Your academic advisor will use the Course Pre-Registration form (page 15) to develop a schedule of courses for your first semester. They will send your first semester schedule to you through U.S. mail. This will be a starting point that can be reviewed over the summer. Academic advisors are also available to talk about any of your concerns and the best sources for assistance.

Before you finish your first year, you will choose a faculty advisor in your area of study. Your faculty advisor will work with you each semester to help plan out your course schedule. Academic advisors are also great sources of information about career options following graduation and educational opportunities while you are in college.

Academic Resource Center (ARC)
The Academic Resource Center offers free peer tutoring, in addition to individualized learning sessions with ARC staff to learn strategies for time management, note-taking, test-taking and study skills. The ARC also offers feedback on writing projects through The Writing Center. The center is in the south end of Link Library.

Americans with Disabilities Act
If you have been diagnosed with a disability or think you may have a disability, please contact Disability Support Services at 800-535-5494, ext. 7187 or visit the center on the south end of the first floor of Link Library.

Career Services/Synodical Placement
While students are taking responsibility for pursuing a job, the Career Services Center is here to help in the search for employment and internship opportunities. Career Services can assist students in preparing cover letters and resumes and provide the support needed to excel during an interview. They also have tools to explore careers that align with your talents and interests. The Synodical Placement Office assists LCMS church work candidates in the development of credential files and directs the designated call and placement process for all graduating synodical candidates. Both offices are located in Janzow Campus Center, Student Success Center and can be reached at 800-535-5494, ext. 7246, or careerandplacement@cune.edu.

Global Opportunities and Global Opportunities (GO) Center
Concordia University is committed to equipping its students for life, service and learning in the world. Through international experiences students can discover first-hand more about a different part of the world, augment a program of study with an on-site plunge into language and culture, or expand their world view beyond their hometown. Students interested in taking part in international experiences should contact Julie Johnston Hermann, the Director of Global Opportunities, for ideas and guidance. She provides administrative oversight and resources to students regarding international study, service and mission opportunities. Her office is in the Global Opportunities (GO) Center, 200 Faculty Lane, Room 100. She may be reached at 800-535-5494, ext. 7354, or julie.johnston@cune.edu. The GO Center is a one-stop resource location for information on international study, service and mission opportunities.

International Students
The Director of Global Opportunities, Julie Johnston Hermann, serves as the on-campus resource and advisor to all international students at Concordia. The director also serves as Concordia’s Primary Designated School Official (PDSO) who records student status (F-I) in the Student and Exchange Visitor Information System (SEVIS) each semester. She also works with international students regarding any visa status or campus questions during their time in the U.S. Her office is in the Global Opportunities (GO) Center, 200 Faculty Lane, Room 100. You may reach her at 800-535-5494, ext. 7354, or julie.johnston@cune.edu.
Communication at Concordia

Family Educational Rights and Privacy Act (FERPA)

To safeguard student educational records and guide school officials in their communications with students, the government has established the Family Educational Rights and Privacy Act (FERPA). As a Concordia student, you are the owner of your information, and much of it will be kept protected unless you agree to release it to someone else. We have included the Student Consent for Release of Information form on page 17 of this handbook, and we would encourage you to discuss this with your parents. This form must be submitted to allow school officials to discuss things like grades, schedules, attendance, financial aid, student accounts, and discipline situations with anyone else, including your parents.

connectCUNE Portal

We call the portal connectCUNE, and it offers a one-stop shop for all kinds of information and access to your Concordia email account, Banner and Blackboard (see below). It is organized in tabs and channels. The tabs are along the top of the screen and the channels are the boxes with similar types of information in them. When you click a link, usually another window will open with the requested information. To access the portal, you will use the account username that is provided to you via email after your acceptance to the university has been communicated to Concordia’s Computing Services team. The password for the account is the password you provided on your application for admission.

Email

Each student is given an email address, usually firstname.lastname@cune.org. This is a mandatory tool that campus offices use for all official communication. Items such as your roommate assignment, financial aid information, Student Life Office information and activity announcements will come to your email account. It is necessary for you to check it at least every couple of days. To access your email account, you will use the account username that is provided to you via email after your acceptance to the university has been communicated to Concordia’s Computing Services team. The password for the account is the password you provided on your application for admission.

Banner

Banner is the administrative database system. It contains your biographical and educational information including course schedules and planned degree program. You will register for your courses in Banner.

Blackboard

Blackboard is Concordia’s web-based course management system. Your professors will probably post course information on Blackboard and may even require you to use it as a way to turn in assignments or participate in discussion threads. You will receive more detailed instructions from your professors on how to use Blackboard in your courses.

OOHLALA App

Concordia’s app for iPhone and Android devices is OOHLALA and is our virtual student planner. The app contains important dates and details for events across campus, schedules for sports teams, a map of campus and a newsfeed through which students can communicate with one another throughout the day. Download the app from the App Store or Google Play.
**Internet**

As you can tell, there are many methods to communicate electronically at Concordia. You may access the campus network and the Internet with a personal computer from your residence hall room; one connection to the network is provided per person. There is also widespread wireless access in the halls. There are five general access computer labs for you to use located in Link Library, Thom Leadership Education Center (TLEC), Science Hall, Jesse Hall and the Walz Human Performance Complex.

Computing Services handles student email and networking issues. For a complete explanation of computer standards and rules for acceptable use, review those sections in the Student Handbook. If you are having trouble, Computing Services has assembled a very comprehensive list of FAQs that you can check first. You can reach Computing Services in the Science Hall, Room 213 or email them at helpdesk@cune.edu.

**Sharing the News**

Concordia University, Nebraska will periodically send out electronic press releases related to program events or student achievements. While we do not control what the papers publish, we do send releases for consideration.

University-certified news releases are sent to university-area newspapers, as well as students’ hometown newspapers under certain circumstances.

If you have any questions, please email marketing@cune.edu.

**Photography/Videography Notice**

Concordia University, Nebraska photographers and videographers make images of everyday life on campus and are often present during university-sponsored events or during activities where the university is represented. These images and audio may be used in the student yearbook or by Concordia for promotional purposes, university magazines, newspapers, press releases, booklets, brochures, pamphlets, newsletters, advertisements, the university website and associated sites, and other materials. Students are also occasionally asked to help with specific promotional projects, and we greatly appreciate the assistance.
Covering the Cost

Covering the cost of college can be done in a variety of ways and usually includes a combination of non-need and need-based aid. Student Financial Services is here to serve you and includes both the Financial Aid Office and the Student Accounts Office. They work with you and your family to facilitate the process and help secure any appropriate scholarships, awards, grants and loans.

Jessica Luebbe is the dedicated Student Financial Services Counselor. She can be reached at 800-535-5494, ext. 7355, or by emailing studentaccounts@cune.edu. Office hours are 8 a.m. to 5 p.m., Monday through Friday.

Scholarships

There are a variety of ways students might be eligible for scholarships. See below for examples.

Academic scholarships are automatically awarded based on your past academic performance by combining your high school GPA and ACT/SAT scores. Transfer academic scholarships are based on the GPA you earned at your previous college.

**Freshmen**

- President’s Scholarship: $18,000
- Regent Scholarship: $13,000 – $14,000
- Dean’s Scholarship: $10,000 – $12,000
- Achievement Award: $6,000 – $8,000

**Transfer**

- Phi Theta Kappa Scholarship: $14,000
- Dean’s Scholarship: $10,000 – $12,000
- Achievement Award: $6,000 – $8,000

Talent scholarships are offered by a coach or department chair upon demonstrated excellence. You may earn a performance scholarship in music, theatre, visual art or athletics. Award amounts are at the discretion of the coach or department chair.

Need-based Aid

After merit-based aid has been awarded, if you qualify, need-based aid may be available. You MUST fill out the Free Application for Federal Student Aid (FAFSA) to determine if you qualify for need-based aid, including a Stafford Loan. You may fill out the form after Jan. 1, 2015, and it must be to Concordia by May 1, 2015. To optimize the possibility of receiving need-based assistance, the preferred deadline to have your FAFSA submitted to Concordia is March 1, 2015.

- Concordia’s school code is 002541.
- You can find the Free Application for Federal Student Aid (FAFSA) online at FAFSA.gov.
- You may request your pin at pin.ed.gov. The pin serves as your electronic signature. If you are a dependent, both you and your parents will need a pin.

Financial Aid Award Letter

Once your completed file is received, it is evaluated, and a financial aid award letter is generated. You will receive both a paper copy and an electronic copy. You will need to follow the instructions to electronically view and accept your aid offer. By accepting, you will be securing your financial aid for the year. If you have any questions about the award letter, please don’t hesitate to ask us.
Covering Remaining Costs

There are various methods that can be utilized to cover your remaining costs after scholarships and grants.

Lump sum payments: Payments by cash, check and money orders are accepted in the Student Financial Services Office in Weller Hall, room 106, in person or by mail; you may also pay online (see below).

Tuition Payment Plan: You can take advantage of a 5-month or 10-month interest-free payment plan. If you choose to utilize the Tuition Payment Plan, you will need to set this up by Aug. 1, 2015. Please contact Student Financial Services after you receive your student bill to confirm your contract amount.

Education loans: Unlike other financial aid such as scholarships, awards and grants, loans are borrowed money that must be repaid with interest. Do not borrow more than you need!

Federal Direct Stafford Loans: These low-interest, long-term loans are available to students. Both subsidized and unsubsidized Federal Direct Stafford Loans have the same terms and conditions, with one exception: Unsubsidized loan borrowers are responsible for interest that accrues during all in-school, grace and deferment periods; for subsidized loans, the federal government pays the interest on behalf of the borrower while the student is in school. First-time, new borrowers are required to complete loan entrance counseling and a Master Promissory Note (MPN) before the financial aid office can process and disburse loan proceeds. Both can be completed at studentloans.gov.

Federal Parent PLUS Loan: This loan is available to parents of dependent, undergraduate students. The interest rate is currently fixed at 7.21%. To be eligible for the loan, the borrowing parent must have satisfactory credit. If you are considering a PLUS Loan but are unsure about your credit eligibility, then you are strongly encouraged to get pre-approved by going to studentloans.gov after June 1. Please add 4.2% onto the needed amount in order to cover loan origination fees.

Private Student Loan: This loan is credit-based and should only be considered after reviewing all other financial aid options. There are many alternative loans available for students through various lenders. We provide an historical lender list, however, you are not required to use one of these lenders if there is another lender available to you that better suits your needs.

Payment Methods

Regardless of which options you choose to fund your education, the due date for completing all necessary requirements is the following Monday after school starts each semester.

Online payment: You may make a payment by credit, debit card, check or savings account 24 hours a day, seven days a week. Please allow 24 to 48 hours for your online payment to be credited to your Concordia University student account.

Walk-ins: Payments by cash, check and money orders are accepted at Student Financial Services in Weller Hall, room 106, 8 a.m. to 5 p.m., Monday through Friday.

By mail: Mail payments to Student Financial Services, Weller Hall, room 106, Concordia University, 800 North Columbia Avenue, Seward, NE 68434.
Community Living

We’re excited for you to join our campus community! “Concordia” means to be in harmony or in agreement. This is what we desire for our campus. The philosophy of the Student Life Office is to foster a residence hall environment where students experience caring relationships with people serving one another and encouraging each other to seek Christ and experience Him in their daily living. In community living, students give and receive, are shaped by and contribute to campus life and are challenged to integrate learning with their choices.

Ask graduates about their college years, and most will say that the closest relationships developed and the greatest lessons were learned in the context of living right on campus. Studies have shown that students who live on campus are safer, have a higher GPA, and have a better overall college experience. Because of the importance of residential living, Concordia has an on-campus living requirement.

Students must live on campus for three years and be 21 years of age before moving off campus. Exceptions are made for married students, students living with immediate family and students who are attending on a part-time basis. The three-year requirement may be waived for transfer students. The Student Life staff is here to assist you and help make your experience on campus a safe and enjoyable one.

Gene Brooks — Vice President for Student Affairs and Athletics
Rehema Kavugha — Director of Student Development, Student Activities Council
Sandy Shaw — Housing Coordinator
Emmy Lewis-Zajic — Administrative Assistant

You can reach them at 800-535-5494, ext. 7411, or email them at studentservices@cune.edu. The office is located in Janzow Top, Student Success Center.

Gene Brooks — Vice President for Student Affairs and Athletics
Rehema Kavugha — Director of Student Development, Student Activities Council
Sandy Shaw — Housing Coordinator
Emmy Lewis-Zajic — Administrative Assistant

You can also find them online at cune.edu/residencelife

You can find “What to bring” and FAQ lists online at cune.edu/housingFAQ

You can check out room layouts at cune.edu/dormrooms

Residence Halls and Roommates

Your residence hall floor will become a community with whom you can quickly identify. Each floor includes a Resident Assistant (a fellow student, sophomore or older) who is there to be a resource to the floor. RAs are trained and available to assist floormates for distribution of material, community-building activities, conflict mediation, general guidance for new students about college life and accountability for school policy. To be assigned a room, you need to fill out the Residence Hall Contract (page 19) and return it to the admission office. Take your time and be honest!

Check out Facebook to start to get to know your classmates. Join the group Concordia University, Nebraska Class of 2019 and start posting. If you find someone with whom you’d like to room, both of you can send an email to the Student Life Office to request a room together.

Room assignments will be announced mid-summer. At that time, you will receive a letter with instructions to find your roommate and room assignment using connectCUNE and Banner.

Once you receive your roommate and housing assignment, please contact your roommate and start to get to know them.
The Student Handbook helps to facilitate community living and has lots of helpful information for living on campus. It also contains the policies regulating life in the residence halls and the expected student conduct code. As a Concordia student, you are agreeing to live by these policies. We have included a few highlights below that answer some commonly asked questions.

**Car/Bike Registration**
All vehicles must be registered by the end of the first week of classes. Your first car registration sticker is free. Registration forms are available in the Buildings and Grounds Office or the Business Office. Permits will be furnished and shall be permanently affixed to the left side of the rear bumper.

**Dorm Hours/Visitation**
Members of the opposite sex may visit in the residence hall rooms: Sunday–Thursday 10 a.m. until midnight (quiet hours start at 10:30 p.m.); Friday and Saturday 10 a.m. to 1 a.m. (quiet hours start at midnight). These hours also apply to all areas adjacent to rooms, including hallways, stairwells and floor lounges.

**Dry Campus**
Alcohol use and possession is prohibited for all students while on campus and at student events.

**Property Insurance**
While Concordia seeks to be a cooperative community, it is possible for theft, loss or vandalism of personal property to occur where there are large numbers of people. The university cannot be responsible for such misfortune. It is a good policy for you to insure personal property through an extension of your parents’ homeowner’s insurance or carry some form of personal property insurance yourself.

**Violations**
Predetermined disciplinary responses (including fines, points, probation, educational components, notification of parents and coaches) for violating student conduct policies are listed in the handbook. If a student is involved in an infraction, he or she will meet with the Director of Student Development.
Concordia cares about the total health of each student and offers support for the physical, mental and spiritual health of everyone in the community.

**Health Center**

Whether you are not quite feeling up-to-par, the Health Center professionals are here to care for your medical and health education needs. The highly trained and experienced staff offers you a variety of quality services that are convenient and affordable:

- Walk-in or scheduled appointments with an R.N.
- Immunizations
- Allergy shots
- Referral to local health care
- Physician on campus 3 times a week
- Flu vaccines
- Medical equipment loan (crutches, ice packs)
- Health and wellness education

The Health Center is located on the upper level of the Janzow Campus Center, Student Success Center. You may reach them at 800-535-5494, ext. 7224 or healthcenter@cune.edu.

If you have a serious medical or mental condition, we encourage you to contact the campus nurse to discuss these conditions and ensure proper care while you are at Concordia.

Emergency care is available 24 hours/day at Memorial Health Care Systems, just three blocks from campus.

**Health Forms and Information Required for New Students**

The health center is required by law to have the following forms on file for each student. (Many forms are located in the back of this handbook; all of them may be found online at cune.edu/HealthCenter.) All required health forms must be submitted before student will be allowed to register for classes.

- Medical History (page 21-22)
- Pre-Enrollment Health Requirements (page 23)
- Insurance & Authorization (page 25—a copy of both sides of your insurance card is required)
- A copy of immunizations, including two measles, mumps and rubella (MMR) shots

**Suggested for All Students**

- Student Medical Information Sheet from Memorial Health Care Systems, the local health care organization, to assist in billing and insurance claims.
- Authorization for Release of Health Information form, from Memorial Health Care Systems, to request release of records from Memorial Health Care Systems and Seward Family Medical Center
- Release of Information, from Concordia University, to give written consent for two entities to share information for continuity of care
- Release of Concordia Health Records to use when requesting medical records from Concordia’s health center

**Allergy Injections**

Those requesting allergy injections on campus must read and complete the following forms:

- Allergy Injection Information/Consent Form
- Patient Agreement and Consent
- Allergy Shots Intake Form
Required for All Intercollegiate Athletes

Please complete required forms by Aug. 1, 2015, and mail them to the address listed on the forms. The forms are also available at cune.edu/participationforms. Contact the sports medicine staff or athletic department office at 800-535-5494, ext. 7328, if you have questions.

- Physical Examination Record (page 31-32—in addition to the health center forms on pages 21-27)
- Lincoln Orthopaedic Center Parental Authorization, to allow medical care for athletes aged 18 years or younger (page 33)

Meningitis Information

Meningococcal disease is a potentially fatal bacterial infection commonly referred to as meningitis. The Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American College Health Association, and the American Academy of Pediatrics recommend that college students, particularly freshmen living in dormitories and residence halls, be educated about meningitis and the benefits of vaccination. Studies show that college students, particularly freshmen living in dormitories, have a six-fold increased risk for meningitis. The recommendation further states that information about the disease and vaccination is appropriate for other undergraduate students who also wish to reduce their risk for the disease. Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column, as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death. Symptoms of meningitis include: headache, fever, stiff neck, extreme fatigue, nausea, vomiting, and sensitivity to light. More information can be found at cune.edu/HealthCenter. You can also find information about the disease and vaccine at the following websites: cdc.gov/meningitis/index.htm, acha.org, and immunize.org/vis/vis_meningococcal.asp.

Campus Pastor

The spiritual health of students is very important, and while practically any faculty member, staff member or fellow student will be more than willing to discuss faith and the journey with Christ, Rev. Ryan Matthias is the campus pastor, and he loves to talk about that. He also loves to discuss living in dorms, the latest band you discovered and how the New York Yankees are doing. Before coming to Concordia, Matthias was a pastor, youth worker and counselor, and he loves working with young people. His door is always open and is located in Janzow Campus Center, Room 208. He can be reached at 800-535-5494, ext. 7216.

Counseling and Behavioral Health Center

We Care. We Listen. We Help.

The Counseling and Behavioral Health Center helps students deal with all sorts of issues, including stress, anxiety, relationships, identity, depression, abuse, grief, eating disorders, relationships and much more. The free services are confidential and offered in a caring Christian environment. The office is located in Janzow Campus Center, Student Success Center, and is open Monday–Friday, 9 a.m. to 5 p.m. The office can be reached at 800-535-5494, ext. 7398, 402-643-7398, and counselingoffice@cune.edu.

If you are 18 or younger when you arrive in August, your parent's consent is needed to provide counseling services or give information to the campus Health Center or the Seward Family Medical Center. You are encouraged to fill out the Parental Consent and Authorization Form on page 33 to prepare for possible counseling.

Walz Human Performance Complex

Concordia's Walz Human Performance Complex offers athletic and fitness facilities for everyone on campus. The weight room has free weights, machine weights and a variety of cardio machines. Everyone must have an Assumption of Risk and Waiver of Liability Release (page 27) on file so be sure to sign it and return it with the other forms; those 18 and younger must have a parent sign the form.
Dining on Campus

The cafeteria is located in Janzow Campus Center and offers a variety of entrées, deli selections, dessert items and salads. Dining Services is always available to assist you in managing any special dietary concerns or conditions that you might have. Please make time to visit with the food service director about how we can help. Sack lunches may be ordered for curricular events that occur off campus. The food service is operated by Chartwells Dining, an international leader in dining services in the educational environment.

The dining hall is open during the semester:

<table>
<thead>
<tr>
<th>Days</th>
<th>Monday–Friday</th>
<th>Saturday and Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>7:15 to 11 a.m.</td>
<td>8 to 11 a.m.</td>
</tr>
<tr>
<td>Lunch</td>
<td>11 a.m. to 2:30 p.m.</td>
<td>11 a.m. to 2 p.m.</td>
</tr>
<tr>
<td>Dinner</td>
<td>4:30 to 7:45 p.m.</td>
<td>4 to 7 p.m.</td>
</tr>
</tbody>
</table>

The Dog House Grill is a dining area located in the lower level of Janzow Campus Center and features grill-style menu items, including gourmet burgers, veggie burgers, chicken wings and milkshakes.

The Dog House Grill is open during the semester:

<table>
<thead>
<tr>
<th>Days</th>
<th>Monday–Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>11:30 a.m. to 10 p.m.</td>
<td>11:30 a.m. to 11:30 p.m.</td>
<td>2 to 11:30 p.m.</td>
<td>5 to 10 p.m.</td>
</tr>
<tr>
<td>Lunch</td>
<td>11:30 a.m. to 2:30 p.m.</td>
<td>11 a.m. to 2:30 p.m.</td>
<td>11:30 p.m.</td>
<td></td>
</tr>
<tr>
<td>Dinner</td>
<td>4:30 to 6:30 p.m.</td>
<td>4:30 to 7:45 p.m.</td>
<td>5 to 11:30 p.m.</td>
<td>5 to 10 p.m.</td>
</tr>
<tr>
<td>Dinner</td>
<td>5 to 7:45 p.m.</td>
<td>5 to 7:45 p.m.</td>
<td>5 to 11:30 p.m.</td>
<td>5 to 10 p.m.</td>
</tr>
<tr>
<td>Dinner</td>
<td>5 to 7 p.m.</td>
<td>5 to 7 p.m.</td>
<td>5 to 11:30 p.m.</td>
<td>5 to 10 p.m.</td>
</tr>
</tbody>
</table>

Meal Plans

Students living on campus are automatically signed up for an unlimited meal plan. You may change to another plan by submitting a Food Service Agreement form to the Student Life Office before the second Monday each semester.

21-Meal Plan: This allows you to eat three meals per day, seven days a week, and includes $150 Dining Dollars per semester that may be spent at the 10:31 Coffee Shop or Dog House Grill.

180 Block Plan: This allows you 180 meals that you can use whenever you choose, and includes $100 Dining Dollars per semester that may be spent at the 10:31 Coffee Shop or Dog House Grill.

90 Block Plan: This is available only if living in Jonathan Hall or off campus, and allows for only 90 meals during a semester. It includes $200 Dining Dollars per semester that may be spent at the 10:31 Coffee Shop or Dog House Grill.

Bulldog Bucks: Bulldog Bucks provide students and their friends and family a way to add funds to a student account usable on campus at the Dog House Grill, 10:31 Coffee Shop or university bookstore. A student can use these funds by swiping their student ID card at these locations.

Student Employment

Jobs are available for students on and off campus. The Student Employment Office handles on-campus employment and will post jobs online and help students process the necessary paperwork for on-campus jobs. Their office is located in Weller 102. Off-campus employment is handled through the Career Center in Janzow Campus Center.

Students must fill out certain forms, some required by the government, in order to work on campus. Those include the I-9 form, the W-4 form and a direct deposit form. The I-9 form requires original documents (no copies) which prove your identity and eligibility to work in the U.S.; all acceptable documents are listed on the back of the I-9 form which can be found at USCIS.gov. Be sure to bring those documents with you when you come for a Jump Start day or LAUNCH 2015 weekend. All forms must be processed before a student can begin work.

Job listings and more information can be found at cune.edu/StudentEmployment. On-campus and off-campus positions can also be found at facebook.com/cunecareers or twitter.com/cunecareers. To put your name on an “available for temporary work” list, email careerandplacement@cune.edu.
Name ______________________________________________________________

Student ID J# __________________________

First  M.  Last

Email ______________________________________________________________

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
   No, my nationality is: ___________________________________________

    What is your native language that you feel most comfortable speaking?
   □ English  □ Spanish  □ Other

7. Freshmen only: During your upcoming freshman year, 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).
    ______________________________________/
    ______________________________________/
    ______________________________________/
    ______________________________________/
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, __________________________, 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.

Signature __________________________  Date __________________________

Student ID J# __________________________

Information may be provided to:

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

Address __________________________  Address __________________________

Email __________________________  Email __________________________

Cell Phone __________________________  Cell Phone __________________________

(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.
Information may be provided to:

Name (please print full name)

Address

Email

Cell Phone

Name (please print full name)

Address

Email

Cell Phone
Residence Hall Contract

Reserve Housing Contract for Academic Year 2015-16

- New Student
- Returning Student
- Transfer Student
- Other

- Spring
- Fall
- Year 20 _____

Name ____________________________ Student ID J# ______________________

Address ____________________________________________________________

Street City State ZIP

Birth Date ________________________ Age __________ Email ______________________

- Male
- Female
- Unmarried
- Married
- Divorced

Parent/Guardian _______________________________________________________

First M. Last Phone (Home) ______________________

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 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? ○ 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 once it’s dark ○ Stay up for the Late Show ○ 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, SURETY 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
Terms and Conditions

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 by no show/abandonment of resident hall room. Failure to notify SLO by June 1 of plans to live off campus (after turning in a signed Housing Contract) is considered a breach of housing contract.

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 December 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 residence 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

Name ____________________________________________ Soc. Sec. Number ___________________

First M. Last

Address

Street __________________________________________________________________________________________

City State ZIP

Date of Birth ___________________________ Age ________ Cell Phone __________________________

☐ Male ☐ Female ☐ Unmarried ☐ Married ☐ Divorced

Date of Last Physical Examination __________________________

Name and Address of Health Care Provider ________________________________________________

IN AN EMERGENCY, CONTACT:

Name ____________________________________________ Relationship __________________________

Address

Street __________________________________________________________________________________________

City State ZIP

Home Phone ____________________________ Work Phone __________________________

Personal Health History

Acute Infectious Disease

☐ Yes ☐ No Chicken Pox

☐ Yes ☐ No Hepatitis

☐ Yes ☐ No Infectious Mononucleosis

☐ Yes ☐ No Typhoid Fever

☐ Yes ☐ No Sexually Transmitted Infections

☐ Yes ☐ No HIV Infected

☐ Yes ☐ No MSRA infected

diseases or health concerns

☐ Yes ☐ No Rheumatic Fever

☐ Yes ☐ No Recurrent painful or draining ear(s)

☐ Yes ☐ No Recurrent tonsillitis or strep throat

☐ Yes ☐ No Pneumonia/bronchitis

☐ Yes ☐ No Kidney/bladder infections or disease

☐ Yes ☐ No Diabetes

☐ Yes ☐ No High blood pressure

While at concordia will you:

☐ Yes ☐ No Need allergy shots

☐ Yes ☐ No Need a special diet

☐ Yes ☐ No Need consultations with a physician

☐ Yes ☐ No Require restricted physical activity

☐ Yes ☐ No Be taking prescription medicine or injections

Diseases or Health Concerns

☐ Arthritis

☐ Convulsions/seizures disorder

☐ Dental problems

☐ Colitis or colon problems

☐ Gastric or Duodenal Ulcer

☐ Asthma

☐ Hay fever

☐ Congenital heart problems

☐ Heart disease

☐ Diminished hearing

☐ Severe visual problems

☐ Contact lens/glasses

☐ Gall bladder or liver disease

☐ Anemia

☐ Abnormal bleeding tendency

☐ Cancer

Have you ever had?

☐ Yes ☐ No Surgery

☐ Yes ☐ No Serious injury (head, broken bone, etc.)

☐ Yes ☐ No Psychiatric or psychological counseling

☐ Yes ☐ No Physical disability

☐ Yes ☐ No Learning disability

Allergic reaction to:

☐ Yes ☐ No Medication

☐ Yes ☐ No Food

☐ Yes ☐ No Stinging insects

☐ Yes ☐ No 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 medial condition, we recommend you provide a medical history summary from your physician (diagnosis, recommended treatment and follow-up, and any other pertinent information).
Family History

<table>
<thead>
<tr>
<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>
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<td>______________________________</td>
<td>______________________________</td>
<td>______________________________</td>
</tr>
<tr>
<td>Mother</td>
<td>______________________________</td>
<td>______________________________</td>
<td>______________________________</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

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

- Yes No
- ------------
- Asthma
- Cancer
- Diabetes
- Epilepsy
- Heart disease
- Alcoholism
- Abnormal bleeding tendency
- High blood pressure
- Migraine or severe headaches
- Celiac disease

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

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Pre-Enrollment Health Requirements

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.

Measles (Rubeola) Immunity

First MMR (measles, mumps, rubella). Must be after first birthday.

Month    Day     Year __________________________

Second MMR (measles, mumps, rubella). No sooner than 30 days after first MMR.

Month    Day     Year __________________________

Or

Blood test for Rubeola Measles. A copy of the test results is required and must be attached to this form.

Month    Day     Year __________________________

Or

Born before Jan. 1, 1957 (You do not have to submit records or additional information).

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.

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.

I, 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.

STUDENT SIGNATURE __________________________  DATE ___________

PARENT/GUARDIAN SIGNATURE __________________________  DATE ___________

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Insurance & Authorization
(Required to be on file in Health Center)

☐ 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# __________________________

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 __________________________________________________________________________________________

Mother/Guardian
☐ Same as Father/Guardian Information

Mother’s Name ______________________________________________________

Phone ____________________________________________________________

Address __________________________________________________________________________________________

Soc. Sec. 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 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.

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, 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 Student 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** (page 30) — Register at PlayNAIA.org and submit additional information to the NAIA Eligibility Center as soon as possible.
- **2015-16 Physical Examination Record** (pages 31-32) — Exam must take place after June 1, 2015.
- **Lincoln Orthopaedic Center — Parental Authorization** (page 33) — For students aged 18 years and younger.
**NAIA Eligibility Certification**

**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.
2015-16
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, 2015, in order to remain valid throughout the 2015-16 athletic seasons.

☐ Male   ☐ Female   ☐ Spring   ☐ Fall   ☐ Year 20 __________

Name ___________________________________________________________

Soc. Sec. Number _____________________ ___ ___

First  M.  Last

Address _______________________________________________________________________________________

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

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Yes  No  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

General

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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
THIS SIDE TO BE COMPLETED BY A PHYSICIAN.

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 ____________________________________________________________

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 tests, X-rays, and physical examinations; medical 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.
Academic Calendar
2015–16

FALL SEMESTER 2015
- Aug. 24: Classes begin
- Oct. 13: First quarter ends
- Oct. 14: Second quarter begins
- Oct. 16–18: Fall break
- Nov. 21–29: Thanksgiving break
- Dec. 14–17: Final exams
- Dec. 17: End of fall semester
- Dec. 19: Fall graduation
  (No commencement ceremony)

SPRING SEMESTER 2016
- Jan. 11: Classes begin
- March 1: Third quarter ends
- March 2: Fourth quarter begins
- March 5–13: Spring break
- March 25–28: Easter break
- May 2–5: Final exams
- May 5: End of spring semester
- May 7: Spring graduation
  (Commencement ceremony)

SUMMER SEMESTER 2016
- May 9: Summer semester begins
- May 30: Memorial Day holiday
- July 4: Independence Day holiday
- Aug. 19: End of summer semester
- Aug. 20: Summer graduation
  (No commencement ceremony)