Next Steps for Becoming a Bulldog

Confirmed Student Guide and Forms
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 Day**

**Monday, June 15, 2020**

Jump Start Day is an optional opportunity 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**

**Aug. 21-23, 2020**

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.
Welcome to Concordia!

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. We are glad you are going to be a part of it all. Welcome!

Scott Seevers
Senior Vice President of Enrollment and Marketing

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.

Student Handbook

Opportunities for growth and maturing abound at Concordia University, Nebraska in the classrooms, residence halls, athletic fields, dining hall and throughout campus. Our Student Handbook provides you with information about living and engaging in our Christian community. The handbook outlines our student code of conduct, which is intended to protect you and ensure you receive fair, equitable treatment. It also explores the numerous resources available to you. Review the Student Handbook at cune.edu/student-life.

Human Sexuality

Our culture is in a period of confusion and disagreement about sexual conduct and gender identity. As a Christian university, Concordia continues to teach and practice a Biblical lifestyle—which makes us somewhat counter-cultural when compared with many other universities. Our sexual conduct policy states the behavioral expression of human sexuality is designed and intended by God to occur within the boundaries of marriage between one man and one woman. God’s word, not the changing social views around us, is the basis for how we conduct our lives in community together as Christians.

“Do not be conformed to this world but be transformed by the renewal of your mind, that...you may discern what is the will of God. Do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, for you were bought with a price. So glorify God in your body.” (Rom. 12:1-2 and 1 Cor. 6:19-20).

Our full statement on Human Sexuality and Sexual Conduct is in the Student Handbook.
Enrollment Checklist

Please complete these forms at your earliest convenience, but no later than May 1. (If confirmed after May 1, please return as soon as possible.) 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:

- Complete Course Pre-Registration form, including submission of final high school transcripts, AP test scores and/or final college transcripts.

- 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 and insurance card.

- Complete Assumption of Risk and Waiver of Liability Release form.

- Complete suggested health forms if desired (a PDF of this handbook is available at www.cune.edu/admission/undergraduate/process).

Other tasks to complete:

- Complete the 2020-2021 Free Application for Federal Student Aid (FAFSA) as soon as possible after Oct. 1, 2019. You will utilize 2018 tax information so there is no need to wait for completion of 2019 taxes.

- Review Financial Aid Award Offer (received by mail between November and August, as well as emailed to you cune.org email address) 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 fall billing statement in July and review payment options.

- Decide if you will attend the optional Jump Start Day and register. See inside front cover for date.

- All Intercollegiate athletes, complete included forms in this handbook.

- Receive LAUNCH 2020 information in July and get ready for LAUNCH Weekend 2020!

- Familiarize yourself with banner self-service, found on the “New Student” tab within the portal (connectcune.cune.edu), as Banner self-service houses all of your personal information from your class schedule, roommate information, your award aid offer, online billing, etc.
Course Pre-Registration

Name ____________________________________________________________
First M. Last
Email ____________________________________________________________
Phone __________________________

1. Which academic program(s) are you considering? (See list of majors on next page.) ____________________________
   (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. 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.
   ____________________________________________________________
   ____________________________________________________________

5. 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

6. Have you received an athletic scholarship? ◯ Yes ◯ No If yes, for which sport? ____________________________

7. Have you received an art scholarship? ◯ Yes ◯ No ____________________________

8. Have you received a music scholarship? ◯ 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 science courses taken in your senior year of high school for the following subjects:
    Science ____________________________________________________________

11. Freshmen 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. (Note that an AP Test must be taken with each course to receive credit with eligible score.)
    ____________________________ / _______ ____________________________ / _______ ____________________________ / _______
    ____________________________ / _______ ____________________________ / _______ ____________________________ / _______
    ____________________________ / _______ ____________________________ / _______ ____________________________ / _______
    College Coursework: List course number/name and term/year in which the course was taken and the name of the college(s).
    ____________________________ / _______ ____________________________ / _______ ____________________________ / _______
    ____________________________ / _______ ____________________________ / _______ ____________________________ / _______
    ____________________________ / _______ ____________________________ / _______ ____________________________ / _______
    Freshman only: Have you taken two years of the same modern foreign Language in high school? ◯ Yes ◯ No

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Academic Programs

Art
- Art Education
- Art Therapy
- Arts Administration
- Graphic Design
- Studio Art

Business & Communications
- Accounting
- American Sign Language (Minor)
- Behavioral Science
- Business Administration
- Business Communication
- Communication Studies
- Criminal Justice
- English
- History
- Journalism & Public Relations
- Management Information Systems
- Mandarin (Minor)
- Marketing
- Pre-Law
- Pre-Social Work
- Psychology
- Spanish
- Theatre
- World & Intercultural Studies

Church Work
- Christian Educational Leadership
- Director of Christian Education
- Pre-Deaconess
- Pre-Seminary
- Theology

Education
- Early Childhood Education
- Elementary Education
- Middle Level Education
- Music and Art Education
- Secondary Education
- Special Education
- TESOL

Music
- Church Music
- Music
- Music Therapy

Science
- Agricultural Science
- Biology
- Chemistry
- Computer Science
- Environmental Science
- Environmental Studies
- Geography
- Mathematics
- Natural Science
- Physical Science
- Physics
- Pre-Clinical Laboratory Science
- Pre-Clinical Perfusion Science
- Pre-Cytotechnology
- Pre-Dental
- Pre-Dental Hygiene
- Pre-Engineering
- Pre-Medical
- Pre-Nursing
- Pre-Optometry
- Pre-Osteopathic Medicine
- Pre-Pharmacy
- Pre-Physician Assistant
- Pre-Radiation Science Technology
- Pre-Veterinary
- Recreation & Sport Studies

Health & Wellness
- Community Health
- Exercise Science
- Fitness Studies
- Pre-Athletic Training
- Pre-Chiropractic
- Pre-Occupational Therapy
- Pre-Physical Therapy
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.

**Signature**

**Date**

**Student ID J#**

**Information may be provided to:**

**Name** (please print full name)

**Address**

City    State    ZIP

**Email**

**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

City                     State         ZIP

Email

Cell Phone

Name (please print full name)

Address

City                     State         ZIP

Email

Cell Phone
Residence Hall Contract

Reserve Housing Contract for Academic Year 2020-21

- New Student
- Returning Student
- Transfer Student
- Other
- Spring
- Fall
- Year 20____

Name:_________________________________________________________________________
First M. Last

Student ID J#:_______________________

Address:________________________________________________________________________
Street City State ZIP

Birth Date:__________________ Age:________ Phone: (Cell)___________________________ Email:____________________________________

- Male
- Female
- Unmarried
- Married
- Divorced

Parent/Guardian:____________________________________________________ Phone: (Home) ____________________ (Cell)___________________________
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:

________________________________________
First M. Last

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: _________________________
- 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

Music listening preferences  
- Country
- Hip Hop
- Alternative

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

What is most important to you in your college experience?

Please indicate any allergies you have (including animals):

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 may be assigned a new roommate or be reassigned to another room as determined necessary by the Housing Coordinator in the Student Life Office. If a resident requests to have a single room, the additional private room charge will be assessed, pending availability.

3. **Room or roommate changes must follow the guidelines outlined in the Student Handbook. There may be a $100 minimum* processing fee for all student-initiated modification of signed Residence 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. **Residence Hall Contracts are for the 1st and 2nd semesters 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 and pet free residence halls and dorm rooms. No tobacco use is allowed in the residence halls, no pets allowed.

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 & 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 Student Life Office staff, 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 “Guests” section of 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 re-assign the resident(s) to another room or residence hall for consistent violation of any university regulation as found in the Student Handbook or this contract, for health or social reasons, or for any reason deemed sufficient by the Student Life Office.

12. **Breach of Housing Contract:** There is a $200-$500 minimum* fine for a breach of signed Residence Housing Contract. Failure to notify SLO by June 1 of plans to live off campus (after turning in a signed Residence 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 Student Services 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, if any, will be made.

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 Resident Assistant. Damages noted on the check-out form, if any, will be documented and processed by the Buildings and Grounds Department to determine costs for repair or replacement charged to the student. Failure to officially check out results in a minimum $50.00 fine.

15. **Meal Plans:** Students living in the residence halls are automatically charged for the 21-meal per week plan at the dining hall. Any changes to this meal plan must be made by June 1 (for 1st semester) and Dec 1 (for 2nd semester) by completing a Meal Plan Change Form in the Student Life Office.

*Additional charges may be added when a 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>Soc. Sec. Number</th>
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<td>First</td>
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<th>State</th>
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<td>Date of Birth</td>
<td>Age</td>
<td>Cell Phone</td>
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- Male
- Female
- Unmarried
- Married
- Divorced

Date of Last Physical Examination

Name and Address of Health Care Provider

**IN AN EMERGENCY, CONTACT:**

<table>
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<tr>
<th>Name</th>
<th>Relationship</th>
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<td>Home Phone</td>
<td>Work Phone</td>
<td>Cell Phone</td>
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## 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

### Medical History

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).
### Family History

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<th>Age</th>
<th>State of Health</th>
<th>Occupation</th>
<th>Age at Death</th>
<th>Cause of Death</th>
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<td>Father</td>
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<td>Mother</td>
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<td>Siblings</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.

---

**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  

---

**STUDENT SIGNATURE**

---

**DATE**

---

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

THIS FORM MUST BE COMPLETED PRIOR TO REGISTRATION

Name ____________________________________________________________
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.

STUDENT SIGNATURE ____________________________________________ DATE __________

PARENT/GUARDIAN SIGNATURE __________________________ DATE __________

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS.

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.

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- Not insured at this time

### Father/Guardian/Self

- Same as Mother/Guardian Information

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- 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

### Mother/Guardian

- Same as Father/Guardian Information

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<th>Mother's Name</th>
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- 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, Coaches, Athletic Trainers, team physician, and athletic administration to discuss any information concerning illness or injury relative to my past, present or future participation in athletics at Concordia University, Nebraska. 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.

<table>
<thead>
<tr>
<th>PRINTED NAME OF STUDENT</th>
<th>SIGNATURE OF STUDENT</th>
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<th>SIGNATURE OF INSURANCE POLICY HOLDER/PARENT/GUARDIAN</th>
<th>DATE</th>
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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 agree that photographs, pictures, slides, movies, video, or other media coverage of me may be taken in connection with my participation in the Activity without compensation from Concordia and consent to the use of photographs, pictures, slides, movies, videos, or other media coverage for any legal purpose.

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 __________________________________ Phone __________________________

Email ___________________________________________ Phone __________________________

SIGNATURE OF PARENT/GUARDIAN __________________________________ DATE __________

PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
Required Forms for Intercollegiate Athletes

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. Shooting sports are exempt from this step.
- **2020-21 Physical Examination Record** — Exam must take place after June 1, 2020.
- **Lincoln Orthopaedic Center — Parental Authorization** — For students aged 18 years and younger.
- **Student-Athlete Drug Testing Consent Form**
- **Student-Athlete Concussion Responsibility Form**
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
Apply for eligibility certification at www.PlayNAIA.org. 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 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 or contact the Concordia University, Nebraska coach of your sport.
2020-21 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, 2020, in order to remain valid throughout the 2020-21 athletic seasons.

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

Name __________________________________________________________
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

Yes No  Asthma
Yes No  Diabetes
Yes No  Mononucleosis
Yes No  Hepatitis
Yes No  Epilepsy
Yes No  High Blood Pressure
Yes No  Kidney Disease
Yes No  Bleeding Disorder
Yes No  Disordered Eating
Yes No  Chronic Skin Disorders

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

Yes No  Sprains
Yes No  Strains
Yes No  Fractures
Yes No  Subluxations
Yes No  Ligament Injuries
Yes No  Dislocations

Specific

Yes No  Skull
Yes No  Fractures
Yes No  Concussions
Yes No  # ______
Yes No  Face Injury
Yes No  Eye
Yes No  Ear
Yes No  Nose
Yes No  Spine
Yes No  Neck
Yes No  Lower back

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
ATHLETE NAME: ___________________________ SPORT: ___________________________

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.) __________________
Ears: Right ____ Left __________________

Neurological Screening
BJ TJ KJ KJ Finger-nose Babinski
Right __________________
Left __________________

Heart Health Questions About You
1. Have you ever passed out or nearly passed out during exercise? Yes No
2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? Yes No
3. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) Yes No

Heart Health Questions About Your Family
1. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? Yes No
2. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? Yes No
3. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? Yes No
4. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? Yes No

If you answered yes to any questions above, please explain: ____________________________________________________

Participation Status
O Full participation
O Limited participation (explain below)
O 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)
O Medical Doctor O Doctor of Osteopathy O Physician Assistant O Advanced Practice Registered Nurse

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

SIGNATURE OF PHYSICIAN ___________________________
DATE ___________________________

PLEASE RETURN TO: 800 N. Columbia Ave. Seward, Nebraska 68434 Attn: Admissions
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, PC 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

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.

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Date of Birth________________________________________ Sport(s)________________________________________

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

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<th>SIGNATURE OF PARENT/GUARDIAN</th>
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PLEASE ENCLOSE THIS FORM IN THE POSTAGE PAID ENVELOPE.
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:

1. A concussion is a brain injury, which I am responsible for reporting to my athletic trainer.
2. 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.
3. A concussion can affect my ability to perform everyday activities, affect reaction time, balance, sleep quality, and classroom performance.
4. I am responsible for truthfully and promptly reporting a concussion and any concussion-related symptoms to my athletic training and/or team physician.
5. If I suspect a fellow teammate has a concussion, I should promptly report the injury to my athletic trainer or my team physician.
6. 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.
7. 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.
8. 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 ____________________________ DATE __________

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

In order to ensure your mid-July billing statement is accurate, complete the following items by JULY 1:

FILE the 2020-2021 FAFSA: If you intend to utilize federal aid, including loans, go to fafsa.gov to apply.

- If your FAFSA was flagged for verification, a mailing will be sent to your permanent address. Please complete as soon as possible. Contact Student Financial Services if you have questions.
- Contact your Admissions Counselor if you do not intend to utilize federal financial aid so your financial aid offer can be prepared without federal financial aid and other need-based grants.

ACCEPT YOUR FINANCIAL AID OFFER ONLINE: Sign into the portal (connectcune.cune.edu), Navigate to Banner Self-Service Quick Links on the ‘New Student’ tab and click on Accept Financial Aid Offer. Select the 20-21 aid year and submit. Be sure to review and follow through all four tabs.

FEDERAL DIRECT (STUDENT) LOAN REQUIREMENTS: If you have applied for federal aid and have accepted any/all of your Federal Direct Loans complete the following TWO items:

- Loan Entrance Counseling: Go to studentloans.gov and sign in with your student FSA ID and password. Once signed in, click on Complete Loan Counseling and start Entrance Counseling.
- Master Promissory Note: Go to studentloans.gov and sign in using student FSA ID and password. Once signed in, click on Complete Loan Agreement (Master Promissory Note) and start MPN for Subsidized/Unsubsidized.

FEDERAL DIRECT (PARENT) PLUS LOAN, IF PURSUING AND APPROVED: The same parent must complete the following THREE items:

- Pre-Approval: Go to studentloans.gov and sign in using parent FSA ID and password. Once signed in, click on Apply for a Direct PLUS Loan and start the Direct PLUS Loan Application for Parents.
- Master Promissory Note: Go to studentloans.gov and sign in using parent FSA ID and password. Once signed in, click on Complete Loan Agreement (Master Promissory Note) and start the PLUS MPN for Parents.
- PLUS Loan Confirmation Statement: Go to cune.edu/plusloan to print the form. Then complete and return it to Student Financial Services. For more information concerning interest rate and origination fees, please visit studentaid.gov/sa/types/loans/plus.

REVIEW PRIVATE LOAN OPTIONS IF PURSUING: Visit cune.edu/loantypes for more information.

REVIEW YOUR ACCOUNT BALANCE ONLINE: Sign into the portal (connect.cune.edu). Navigate to Banner Self-Service Quick Links on the ‘New Student’ tab and click on Student Account Detail.

DETERMINE HOW YOU WILL PAY YOUR BILL: Ensure payment has been made, or a payment plan has been set up PRIOR to the due date (Aug. 31, 2020). Payment plans begin on Aug. 5 for the fall term.

Visit us at 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 billing questions. You may also email us at finaid@cune.edu or studentaccounts@cune.edu.
FALL SEMESTER 2020
August 24  
Classes begin

October 13  
First quarter ends

October 14  
Second quarter begins

October 16—October 18  
Fall break

November 21—November 29  
Thanksgiving break

December 14—December 17  
Final exams

December 17  
End of fall semester

December 20  
Fall graduation

SPRING SEMESTER 2021
January 11  
Classes begin

January 18  
Martin Luther King Jr. Day holiday

March 2  
Third quarter ends

March 3  
Fourth quarter begins

March 6—March 13  
Spring recess

April 2—April 5  
Easter break

May 3—6  
Final exams

May 6  
End of spring semester

May 8  
Spring graduation
(Commencement ceremony)