

Hello and Welcome!

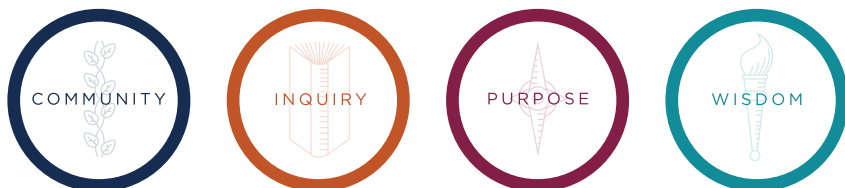
Congratulations on choosing Concordia University, Nebraska! GO BULLDOGS! I hope you are excited for this next great adventure: college. It is my pleasure to welcome you into the Concordia Community of students, faculty, and staff who are all ready to embrace the excitement and challenges ahead. We know your future is primed for lifelong learning, service, and leadership in all you do, and we are happy you've chosen Concordia University, Nebraska for the next phase of that journey. Welcome, and God's Blessings!



Corey Gray
Director of Student Success

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.



OUR PROMISES

Concordia University, Nebraska promises our students a Lutheran, Christian higher education, where you will be equipped not only with a set of skills and a degree, but also a sense of Christian vocation and purpose for the future. Learn more about Our Promises of a Lutheran Education at cune.edu/promises.

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.

ON CAMPUS LIVING POLICY

There are many benefits to living in the residence halls such as community, student support resources, and convenience. Studies have shown that students who live on campus often perform better academically as well. The Regents of the University have carefully weighted all the benefits and drawbacks of this policy and have made the studied determination that Concordia is a residential University.

Therefore, all full-time undergraduate students are required to live on campus unless they meet one or more of the following off-campus eligibility requirements:

1. The student lived on Concordia's campus for three years and is 21 years old by October 15 of the academic year they desire to live off campus
2. The student transferred into Concordia and is over 21 years old by October 15 of the academic year they desire to live off campus
3. The student is supporting a child at their residence
4. The student is married before classes start
5. The student lives at home with parents within Seward County

These are the only reasons that make a student eligible to live off campus. All requests to live off campus for any other reason would require an exception to this policy. Details about exceptions are available online at cune.edu/residencelife.

International Student Enrollment Checklist

If you haven't submitted these forms, please complete and return by uploading to your application **immediately**:

- Visa Status Information** form.
- If you're transferring credits, complete the **International Student Transfer** form.
- Read and complete the **Financial Understanding and Agreement** form - return along with the **Notarized Bank Letter**.
- Submit a **Sponsor Support Statement** from any financial sponsors - return along with the **Notarized Bank Letter**.

Please complete these forms prior to **May 1** and scan/email to the Admission office at **admiss@cune.edu** Information about all of these topics is on the following pages.

- Complete **Course Pre-Registration** form.
- Read through FERPA regulations and fill out **Student Consent for Release of Information** Form.
- Complete **Residence Hall Contract** form.
- Complete required **Health & Medical** forms – return along with a copy of your immunization records (in English).
- Arrange for medical insurance coverage (see instructions) and complete **Medical Insurance Requirements & Understanding** forms - return along with insurance policy verification.
- Complete **Assumption of Risk and Waiver of Liability Release** form.

Other tasks to complete:

- Go to **connect.cune.edu** to familiarize yourself with your student portal. Banner self-service, found on the New Student tab, houses all of your personal information from your class schedule, roommate information, your award letter, online billing, etc.
- Go to **webmail.cune.org** to access your official Concordia email. Your cune.org email address will be the email used for all campus notifications.
- Review your **Financial Aid Award** and follow the instructions to accept it.
- Request official/final transcripts from your high school and any colleges attended.
- After your class schedule is received (between April and August), contact academic advisor to finalize course schedule.
- Contact roommate in June and start to get acquainted.
- Intercollegiate athletes complete all forms and tasks listed.
- Review fall online-billing after mid-July in Banner self-service (go to: Student – Student Account - Account Detail for term) then **make arrangements to pay by August 1**.
- Check **cune.edu/launch** for updates after July 1 on LAUNCH Weekend our orientation weekend for new students!

Visa Status Information

If you are not a United States citizen, please complete this form.

This form provides valuable information in order to prepare your Admissions file and your visa authorization.

Print in ink or type responses. Complete all lines – put NA (not applicable) if an item is not applicable to you.

Name on Passport: _____
Family/Last Name Given/First Name Middle or Other

Date of Birth: (Month/Day/Year): _____ / _____ / _____ Gender: Male Female

Email: _____

Cell Phone: _____

Permanent Mailing Address (Home Country):

Address City Province/Country Country Code

Local Mailing Address (in USA if currently in US):

Address City State Zip Code

Country of birth: _____ Country of citizenship: _____

Official language of home country: _____ Language spoken in your home: _____

Passport #: _____ Do you have a U.S. Social Security number? Yes No

Are you a permanent resident of the U.S.? Yes No Are you applying for permanent residency? Yes No

If you are already in the U.S., but are *not a Permanent Resident*, please complete the following:

What date did you first enter the United States? _____ What visa type did you enter on? _____

What type of visa do you hold now? _____ When does it expire? _____

If you are already in the U.S. *as an F-1 student*, please complete the following:

If you have a student F-1 visa, what institution are you now attending? _____

Dates of attendance: from _____ to _____ Degree level: _____

What is the SEVIS number on your I-20? _____

Are you eligible to return to all U.S. colleges previously attended? Yes No Not Applicable

Are you currently on OPT? Yes No

I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT AND COMPLETE.

APPLICANT SIGNATURE

DATE

Please return form to your requested program office:

IEP Admission: **IntensiveEnglishProgram@cune.edu**

Undergraduate Admission: **Admiss@cune.edu**

Graduate Admission: **GradAdmiss@cune.edu**

ALSO PROVIDE COLOR COPY OF YOUR PASSPORT ID PAGE.

International Student Transfer Form

To the international student: Please fill out Section A of this form, then ask the international student advisor at your current school to complete Section B. Please print neatly.

To the international student/scholar advisor: The student below has been accepted to Concordia University, Nebraska. Your assistance is appreciated in completing Section B and emailing the form back as soon as possible. Please print neatly.

SECTION A: TO BE COMPLETED BY STUDENT

Name on Passport: _____
Family/Last Name Given/First Name Middle or Other

Date of Birth (Month/Day/Year): _____ / _____ / _____

Email: _____ Mobile phone: _____

Transfer to what level of study: _____ Intensive English _____ Undergraduate _____ Graduate

Semester and year you will begin study: _____ Fall _____ Spring _____ Year

I permit the information requested below to be released to Concordia University, Nebraska.

Student's signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY INTERNATIONAL STUDENT ADVISOR

Student's current visa type: _____ SEVIS ID Number: _____

First semester/quarter/year in attendance at your institution: _____ Year: _____

Last semester/quarter/ year completed at your institution: _____ Year: _____

Student is pursuing a full course of study, is a student in good standing, is maintaining F-1 status: Yes No

If no, please explain: _____

Student has been granted off-campus Practical Training employment: Yes No

If yes, specify type and dates: _____

SEVIS Release Date to Concordia (Month/Day/Year): _____

Any comments: _____

NAME SIGNATURE OF ADVISOR DATE

TITLE INSTITUTION PHONE

Please scan and email to the requested program office at Concordia University, Nebraska:

IEP Admission: **IntensiveEnglishProgram@cune.edu**

SEVIS School Code: OMA214F00137000

Undergraduate Admission: **Admiss@cune.edu**

SEVIS School Code: OMA214F00137000

Graduate Admission: **GradAdmiss@cune.edu**

SEVIS School Code: OMA214F00137001 (Lincoln)

Concordia University, Nebraska / 800 N Columbia Avenue / Seward, NE 68434 / cune.edu

Financial Understanding and Agreement

This form outlines the requirements necessary for financial support and payment to Concordia. This form is to be completed by student and parents/legal guardian (if student is under age 24 at the time of signing or if considered a dependent with funds provided by a parent). Please complete this form in English and type or print neatly in ink.

Both student and parent should read, initial each statement.

Initial:

- _____ I understand United States government regulations require that certification of admission is based on both academic acceptance, as well as, evidence of adequate funds to meet all expenses for a student's proposed course of study.
- _____ As an F-1 visa applicant, I must provide documentary evidence of full financial support for the first year of study and living in the U.S. in order to complete admission requirements and to receive an I-20 for F-1 student status.
- _____ I also have funding for future years, and when requested each year, will provide Concordia University with proof of adequate funds from readily available financial sources for each subsequent year of study.
- _____ I have reviewed anticipated annual expenses for 2021-2022 posted on the Concordia website: cune.edu/rates
- _____ I understand all the different costs associated with studying in the U.S. – including tuition, fees, books, room & board, travel from home country to school, personal expenses, mandatory medical insurance, etc.
- _____ I may list personal funds, family funds, sponsorship from other people or entities, scholarships from Concordia, government scholarships, or other sources of existing funding to show my financial support.
- _____ I will provide Concordia with **acceptable financial documents to verify all financial declarations**. Supporting documents should be **signed & notarized bank letter on bank letterhead** listing account totals in English and in U.S. dollars.
- _____ I will make sure any sponsors complete a **Sponsor Support Statement** and provide **signed/notarized bank letters on bank letterhead**.
- _____ I understand if I am bringing any dependent family members, additional support per dependent is needed to cover increased cost of living expenses, travel, and insurance. (Dependents cannot legally work in the U.S.)
- _____ I must pay all **first semester fees by August 1 (for fall semester starts) or December 1 (for spring semester starts)**. For subsequent semesters, payment will be due by census date – the second Monday of the semester.
- _____ If I have questions on payment processes I will contact Student Financial Services at studentaccounts@cune.edu.
- _____ I certify I will provide the amounts indicated for my education expenses each year. I verify that the information provided is correct and I will notify Concordia of any changes in my financial circumstances or academic status.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT/GUARDIAN

PRINTED NAME OF PARENT

DATE

Student Information: (print neatly in ink or type responses)

Name (as appears on passport) _____

Permanent Address _____

City _____ Country _____

Postal Code _____ Cell (_____) _____

Email _____ Gender Male Female

Date of Birth (Month/Day/Year) _____ / _____ / _____

Country of birth _____ Country of Citizenship _____

Will any dependents come with you to the U.S.? No Yes If yes, list names/relationships: _____

Anticipated program of study _____

Spring Fall Year 20 _____

How long do you plan to study in this program? _____

Please review the current annual costs for tuition, room/board, fees, etc. for 2021-2022: cune.edu/rates

Full-time tuition	\$35,600	
Room	\$4,100	campus housing (may vary by residence hall)
Meals	\$5,500	campus meal plan (may vary by meal plan)
Technology/facility fee	\$600	
Enrollment fee	\$200	all new students
Total CUNE expenses:	\$45,800	

Additional expenses - will vary by student - please add these in to your anticipated costs!

SEVIS I-901 fee for F-1 visa	\$350	new F-1 students
Books & supplies	\$1,000	estimated - rented or purchased books, special course fees, etc.
Personal expenses	\$1,200	estimated - personal care, mobile phone, etc.
Medical/accident insurance	\$600	estimated for one year - coverage is mandatory
Travel expenses	_____	airfare from home to NE, expenses
Other expenses	_____	_____
Dependent expenses:	_____	only if bringing any F-2 dependent family members
Total expenses:	_____	anticipated annual cost for studying and living in the U.S.

Note yes below for sources of support and guaranteed amounts - total must meet or exceed expenses listed above.

Source of funding	Required documents to be provided	Guaranteed support - in U.S. dollars
_____ Student	Financial Understanding & Agreement (this form) Signed & notarized bank letter	\$ _____
_____ Parents/Guardians	Financial Understanding & Agreement (this form) Signed & notarized bank letter	\$ _____
_____ Sponsors Sponsor	Support Statement (additional form) Signed & notarized bank letter	\$ _____
_____ Government	Certified copy of agency award letter	\$ _____
_____ Concordia	Scholarship award letter from Concordia	\$ _____
	Total available funds:	\$ _____

Bank Letter Template

The U.S. government requires proof of financial support from all international students.

To verify the support noted on the *Financial Understanding and Agreement* and the *Sponsor Support Statement*, Concordia requires each individual providing support (student, parent, sponsor, etc.) to request a letter from their bank to verify account status and amount available.

Bank letters should be

Current (received within 4 weeks of being signed and dated)

Written in English

Printed on bank letterhead

Please include the items listed below:

- Bank Letterhead
- Including bank name and location
- Name of bank customer
- How long individual has been a customer of this bank
- Average amount available in accounts and amount that is currently readily available.
- Amount should be listed in local currency and in U.S. dollars
- Signed by bank representative
- Notarized by bank representative
- Dated by bank representative

Sponsor Support Statement

This form is to be completed by any sponsors promising to provide financial support to the named student.

Sponsors must clearly state the amount of their support and duration of their support.

Initial:

_____ This is to certify that I will financially support (student name) _____, while he/she is enrolled at Concordia University, Nebraska

_____ I certify the amount of \$ _____ (U.S. Dollars) will be available for **each year** to the student listed above while he/she studies at Concordia University.

_____ Support until this date: _____ / _____ (month/year) **or**

_____ Support until the end of the student's program of study: _____ / _____ (month/year)

_____ I have reviewed anticipated expenses posted on the Concordia website: **cune.edu/ratesandfees** for:

- **Tuition & fees:** campus tuition, technology/facility fee, etc.
- **Living expenses:** room or housing costs, meal plan or food costs, rent and utilities, etc. for school year

_____ I understand that additional costs should also be anticipated, such as:

- **Books/classroom supplies:** rented or purchased books, special course fees
- **Mandatory medical insurance premiums:** must cover entire time in the US
- **Personal expenses:** i.e. personal care items, mobile phone, air fare, local transportation, etc. for school year
- **Dependent (F-2) expenses:** if student is bringing dependent family members

_____ I have also provided Concordia with a **signed & notarized bank letter on bank letterhead** listing available account totals in English and in U.S. dollars **to verify my financial commitment.**

Printed Name of Sponsor _____

Relationship (type of relative, friend, etc.) _____

Permanent Address _____

City _____

Country _____

Postal Code _____

Email _____

Mobile _____

Signature _____

Date _____

PLEASE RETURN THIS FORM WITH SIGNED AND NOTARIZED BANK LETTER TO SPONSORED SENDER AS SOON AS POSSIBLE!

Course Pre-Registration

Date Completed _____

Name _____ Student ID J# _____
First M. Last

Email _____ Phone _____

Transfer New Student Returning Student

Are you the first person in your family to attend college (First Gen)? Yes No

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

List science courses taken in high school for the following subjects:

Biology Chemistry Physics (not physical science)

Have you taken and passed two solo years of the same modern foreign language in high school? Yes No

ACT Score: ____ Math ____ English ____ Composite **OR** SAT score: ____ Math ____ English ____ Composite

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 below. *Please don't say "See Transcripts"

AP/CLEP Courses: have scores sent to the Office of Admission. Example: BIO/ 8/20

_____/_____
_____/_____
_____/_____

College Coursework: List the course taken and the name of the college(s). Example: PSY 101/CUNE '20

_____/_____
_____/_____
_____/_____

1. Which majors are you considering?

2. Are you going into church work, if so what program?

3. Are you considering a pre-professional program?

4. If considering education, which specialty?

Early Childhood Elementary Middle Secondary

If you picked Middle/Secondary above what subject area do you want to teach? _____

5. List general education classes that you'd like to take in your first semester:

(History, science, composition, literature, public speaking, math, fine art (art, music, theatre), psychology, sociology, economics, etc. See gen eds in our course catalog: <https://www.cune.edu/today/students/academic-support/academic-policies/academic-catalogs>)

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

If yes, is the scholarship for Band Choir Are you a music major? Yes No

Principle instrument _____ Secondary Instrument _____

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)

Student Consent for Release of Information

The Family Educational Rights and Privacy Act (FERPA)

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

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

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

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

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

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

Signature

Date

Student ID J#

Information may be provided to:

Name *(please print full name)*

Name *(please print full name)*

Address

Address

City State ZIP

City State ZIP

Email

Email

Cell Phone

Cell Phone

If you intentionally left blank, check here

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.

Residence Hall Contract

FOR OFFICE USE ONLY
Date Received _____
Room _____

Reserve Housing Contract for Academic Year 2021-22

- New Student Returning Student Transfer Student Other
 Spring Fall Year 20 _____
 If living off campus: I received the office campus form from Student Life Office.

Name _____ **Student ID J#** _____
First M. Last

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:

My academic area of study will be _____

Three words that describe me are _____

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

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

Art, Music, Theatre, Forensics, etc. Activity: _____

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

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

If there are clothes all over the floor

In the morning, I tend to

At night, I tend to

I prefer to room with someone

Once I get to know my roommate, I

I tend to be

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? _____

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 above and on the Residence Hall Terms and Conditions page, and I understand that I am obligated to abide by all aspects of this agreement.

STUDENT SIGNATURE

Residence Hall Contract 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 the first Friday of each 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

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 _____ Cell Phone _____

Personal Health History

Acute Infectious Disease

- Yes No
 Chicken Pox
 Hepatitis
 Infectious Mononucleosis
 Typhoid Fever
 Sexually Transmitted Infections
 HIV Infected
 MSRA infection
 COVID-19 Date _____

Diseases or Health Concerns

- Yes No
 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:

- Yes No
 Need a special diet
 Need consultations with a physician
 Require restricted physical activity
 Be taking prescription medicine or injections

Diseases or Health Concerns

- Yes No
 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 Last Exam Date _____
 Gall bladder or liver disease
 Anemia
 Abnormal bleeding tendency
 Cancer

Have you ever had?

- Yes No
 Surgery
 Serious injury (head, broken bone, etc.)
 Psychiatric or psychological counseling
 Physical disability
 Learning disability
Allergic reaction to:
 Medication
 Food
 Stinging insects
 Pollen

Diseases or Health Concerns

- Yes No
 Frequent urination
 Drug or alcohol dependency
 Hernia
 Dizziness or fainting
 Depression, anxiety
 Severe headaches/migraines
 Chronic skin problems
 Low blood sugar
 Orthopedic problem
 Tuberculosis
 Sinus infections
 Sickle Cell Trait
 Disordered eating
Type: _____
 Other

Type

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

	Age	State of Health (Excellent, Good, Fair, Poor)	Occupation	Age at Death	Cause of Death
Father	_____	_____	_____	_____	_____
Mother	_____	_____	_____	_____	_____
Siblings	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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

Yes	No		Relationship
<input type="radio"/>	<input type="radio"/>	Asthma	_____
<input type="radio"/>	<input type="radio"/>	Cancer	_____
<input type="radio"/>	<input type="radio"/>	Diabetes	_____
<input type="radio"/>	<input type="radio"/>	Epilepsy	_____
<input type="radio"/>	<input type="radio"/>	Heart disease	_____
<input type="radio"/>	<input type="radio"/>	Alcoholism	_____
<input type="radio"/>	<input type="radio"/>	Abnormal bleeding tendency	_____
<input type="radio"/>	<input type="radio"/>	High blood pressure	_____
<input type="radio"/>	<input type="radio"/>	Migraine or severe headaches	_____
<input type="radio"/>	<input type="radio"/>	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

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.

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, telehealth services-which students are able to refuse at any time and could also mean the student may have to travel off campus for services, through telehealth appointments students will know who is present during their appointment and may exclude anyone during this appointment as well. If the student is needing to see one of the providers in person. Services through Student health include necessary medical treatment and mental health counseling.

Students have access to medical information from telehealth consultation. Confidentiality is maintained through the health center and counseling areas.

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 UPLOAD A COPY OF YOUR IMMUNIZATION RECORDS.

Medical Insurance Requirements for International Students

(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#** _____
First M. Last

Date of Birth _____ **Sport(s) if applicable** _____

Address _____
Street City State Province Country Country Code/ Zip

Foreign Cell _____ **Domestic Cell** _____

Concordia University, Nebraska requires all international students to have a certain level of health insurance coverage that will cover potential or existing injury, sickness, and medical issues, emergency medical evacuation, repatriation/return of remains, etc. while in the United States. **Travel insurance and medical insurance in other countries does not cover this requirement.**

Keep in mind

- Medical coverage is not provided automatically for anyone in the U.S.
- Medical costs can be very expensive without insurance coverage.
- The lowest monthly price quote may not be the best coverage – especially if needing coverage for follow-up care for athletic injuries, chronic issues, pre-existing conditions, etc.
- Coverage should fit personal needs (age, medical conditions, athletics, etc.)
- Coverage must be arranged before arrival and for entire time in the U.S. - August (arrival day) through May (departure day). Students who stay in the U.S. over the summer should arrange for coverage for the entire year.
- Concordia provides basic accident coverage for all full-time undergraduate students (this will also cover accidental athletic injury) but this is supplemental only, not general health and medical insurance.

Concordia has chosen this provider for our students to use:

International Student Insurance 1-877-758-4391
internationalstudentinsurance.com/schools/concordiauniversity-nebraska

You can choose from four plans and levels of coverage. **Athletes must use Budget plan or higher.**

Choose a plan that covers your situation

- Relatively Low Deductible – do you want to keep out of pocket costs as low as possible, watch for a low deductible, copay or coinsurance limit per condition, or per policy period.
- Mental Health Coverage – do you need a plan for in-patient and out-patient mental health care?
- Pre-existing Condition Coverage – do you need coverage for prior health conditions? Watch for waiting periods limits.
- Required - Emergency Medical Evacuation Coverage - transports student to the nearest medical facility that can provide appropriate care – either by ground or air transportation.
- Required - Repatriation/Return of Remains Coverage - provides financial assistance to the family if a student passes away while outside their home country.

If you have questions coverage please contact – Julie Johnston Hermann, Director of Global Opportunities (PDSO)

Julie.Johnston@cune.edu

Insurance Understanding and Authorization for International Students

Please provide a copy of your medical insurance policy verifying dates of coverage and level of coverage.

Medical Insurance Provider _____

Plan _____

Policy Number _____

Website _____ Phone _____

Coverage Date: From _____ To: _____

Is pre-authorization required to obtain treatment?

Yes No

Is a second opinion required before surgery?

Yes No

Medical Insurance Coverage Understanding and Authorization

I understand that international students are required to have medical insurance that will cover medical issues while in the United States. I may have insurance that covers me while in my home country, but I must arrange for coverage recommended above while in the U.S. I will arrange for medical coverage before arriving in the U.S., looking for coverage that meet my particular personal needs, such as athletic injuries, follow-up care, chronic issues, pre-existing conditions or dependents. I will provide proof of appropriate medical coverage each semester.

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.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

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 _____

Email _____ **Phone** _____

SIGNATURE OF PARENT/GUARDIAN

DATE

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.
- 2021-22 Physical Examination Record** — Exam must take place after June 1, 2021.
- Lincoln Orthopaedic Center — Parental Authorization** — For students aged 18 years and younger.
- Student-Athlete Drug Testing Consent Form**
- Student-Athlete Concussion Responsibility Form**

Student Athlete NAIA Eligibility Certification

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 should be requested from 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.

ATHLETE NAME: _____ **SPORT:** _____

THIS SIDE TO BE COMPLETED BY A PHYSICIAN.

Physical Examination

Weight _____ Height _____ Nose _____
Eye: Os _____ Os _____ Neck _____
Thorax (deformity) _____ Auscultation _____
Heart Pulse _____ Blood Pressure _____ Blood Type _____
Lungs _____ Hernia _____
Abdomen (scars, masses, etc.) _____ Lower Extremities (range of motion, alignment, scars) _____
Ears: Right _____ Left _____

Neurological Screening

Right _____ BJ TJ KJ KJ Finger-nose Babinski
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?
3. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

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?
3. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?
4. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

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

Participation Status

- Full participation
 Limited participation (explain below)
 No participation

Please indicate which sports (if any) this person should not participate in: _____

Comments: _____

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

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

Physician Name (please print) _____

Physician Address _____
Street City State ZIP

SIGNATURE OF PHYSICIAN

DATE

PLEASE RETURN TO:
800 N. Columbia Ave.
Seward, Nebraska 68434
Attn: First year

Student Athlete Lincoln Orthopedic 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) _____

Student ID J# _____



CONCORDIA UNIVERSITY, NEBRASKA
Department of Intercollegiate Athletics
Alcohol and Drug Education and Testing Policy

Student-Athlete Drug Testing Consent Form

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.

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

Date of Birth _____ Sport(s) _____ Student ID J# _____

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

SIGNATURE OF PARENT/GUARDIAN

DATE

Student-Athlete Concussion Responsibility Form

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

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

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

Initial:

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

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

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

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

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

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

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

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

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

PRINTED NAME OF STUDENT

SIGNATURE OF STUDENT

DATE

Sport(s) _____ J# _____

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

SIGNATURE OF PARENT/GUARDIAN

DATE

International Students Options for Paying your Balance

IN-FULL PAYMENT BY SEMESTER

(New Students: If paying in full, payment must be received by **August 1**)

Online payment instructions can be found below. CASHNet, our online payment gateway, allows payments to be made with a credit card, a US bank account, or international transfer of funds via Western Union. If you have a US bank account, you can mail a check or money order to:

Concordia University Nebraska, Attn: Student Financial Services, 800 N Columbia Avenue, Seward, NE 68434

MONTHLY PAYMENT PLAN

(This must be set up no later than **August 1**)

A credit card or US bank account is required to utilize the monthly payment plan. Payments will be auto-debited on the 5th of each month. A \$20 setup fee is charged. You must sign up each term. Follow the instructions below for 'Viewing Your Student Account and Online Payment Instructions' in order to 'Enroll in your Term Payment Plan.'

For more information, visit cune.edu/sfs.

PRIOR to setting up a payment plan, please contact your credit card company to notify them of your payment intentions to ensure your payments will process correctly.

Fall Term	Spring Term
August 5	January 5
September 5	February 5
October 5	March 5
November 5	April 5
December 5	May 5

Fall semester billing statements will be available mid- July. For more details, visit **cune.edu/sfs**.

For questions regarding your bill and payment options, contact Student Accounts at 402-643-7300 or **studentaccounts@cune.edu**.

VIEWING YOUR STUDENT ACCOUNT AND ONLINE PAYMENT INSTRUCTIONS

STUDENTS: To view your online billing and to make payment, log into the CUNE portal (portal.cune.edu), then locate Banner Self-Service Quick Links on the left. Select Student Account Detail to view your online billing information.

Once you review your account balance, you will be able to click the 'Pay Now' button to be redirected to CASHNet to select your payment option.

Please contact us by calling 402-643-7270 with billing questions. You may also email us at **studentaccounts@cune.edu** or **finaid@cune.edu**.

DETERMINE HOW YOU WILL PAY YOUR BILL: Your in-full payment must be received by August 1 or a payment plan must be set up by August 1 as a first time international student at Concordia. Visit us at **cune.edu/sfs** for further information regarding payments and setting up a payment plan.