



Next Steps for  
*Becoming  
a Bulldog*

Confirmed Student Guide and Forms



# Welcome!

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

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

See complete list at  
[cune.edu/jumpstart](https://cune.edu/jumpstart)



## **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!

Full schedule at  
[cune.edu/launch](https://cune.edu/launch)  
around end of July



## **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](http://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](http://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](http://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

Date Completed \_\_\_\_\_

Name \_\_\_\_\_ Student ID J# \_\_\_\_\_  
 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. Freshman only: Have you taken, or do you plan to take any courses for college credit before entering Concordia University?  
 In high school     During the summer

Freshman only: Please list the courses, including CLEP or AP courses, below and **have transcripts/score reports sent to the Office of Admission.**

**AP/CLEP Courses:** List course and month/year when the test was taken. (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

# 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

# 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

(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**

FOR OFFICE USE ONLY  
 Date Received \_\_\_\_\_  
 Room \_\_\_\_\_

# Residence Hall Contract

## Reserve Housing Contract for Academic Year 2020-21

- New Student    
  Returning Student    
  Transfer Student    
  Other  
 Spring   
  Fall   
  Year 20 \_\_\_\_\_

**Name** \_\_\_\_\_ **Student ID J#** \_\_\_\_\_  
 First M. Last

**Address** \_\_\_\_\_  
 Street City State ZIP

**Birth Date** \_\_\_\_\_ **Age** \_\_\_\_\_ **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:**

- |  |  |  |  |
|--|--|--|--|
| <b>If there are clothes all over the floor</b> | <input type="radio"/> I'd be annoyed   | <input type="radio"/> I'd be fine with that  | <input type="radio"/> They're probably mine anyway                             |
| <b>In the morning, I tend to</b>               | <input type="radio"/> Wake up with my alarm  | <input type="radio"/> Hit the snooze once  | <input type="radio"/> Hit the snooze several times                             |
| <b>At night, I tend to</b>                     | <input type="radio"/> Go to bed as soon as it's dark                                 | <input type="radio"/> Head to bed by midnight  | <input type="radio"/> Stay up well past midnight                               |
| <b>I prefer to room with someone</b>           | <input type="radio"/> More introverted   | <input type="radio"/> More extroverted   | <input type="radio"/> Really doesn't matter to me                              |
| <b>Once I get to know my roommate, I</b>       | <input type="radio"/> Would still prefer they always ask to borrow something of mine | <input type="radio"/> Would just assume we could borrow each other's things without asking |  |
| <b>I tend to be</b>                            | <input type="radio"/> Shy all the time   | <input type="radio"/> Shy in new situations  | <input type="radio"/> Almost always outgoing <input type="radio"/> Pretty loud |
| <b>Music listening preferences</b>             | <input type="radio"/> Country  | <input type="radio"/> Hip Hop  | <input type="radio"/> Alternative <input type="radio"/> Pop                    |
|  | <input type="radio"/> Christian  | <input type="radio"/> Hard Rock  | <input type="radio"/> 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 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

THIS FORM MUST BE COMPLETED PRIOR TO REGISTRATION

## 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

HomePhone \_\_\_\_\_ WorkPhone \_\_\_\_\_ CellPhone \_\_\_\_\_

## Personal Health History

### Acute Infectious Disease

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

### 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 allergy shots  
  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  
  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

THIS FORM MUST BE COMPLETED PRIOR TO REGISTRATION

Name \_\_\_\_\_ Student ID J# \_\_\_\_\_  
 First M. Last  
 Address \_\_\_\_\_  
 Street City State ZIP  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Email \_\_\_\_\_

## REQUIRED IMMUNIZATIONS FOR ALL CONCORDIA UNIVERSITY STUDENTS

I understand that I am required to submit a copy of previous immunizations (i.e. school record or from your healthcare provider). The copy **MUST** be attached to this form. For waiver information, please contact the Health Center at 402-643-7224 or [healthcenter@cune.edu](mailto: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](mailto: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](http://cdc.gov/meningitis/index.html) and [cune.edu/HealthCenter](http://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.**



# Insurance & Authorization

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

- New Student       Returning Student  
 Spring     Fall     Year 20 \_\_\_\_\_

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

**Name** \_\_\_\_\_ **Student ID J#** \_\_\_\_\_  
 First M. Last

**Date of Birth** \_\_\_\_\_ **Sport(s) if applicable** \_\_\_\_\_

**Address** \_\_\_\_\_  
 Street City State ZIP

**Cell Phone** \_\_\_\_\_

- Not insured at this time

## Father/Guardian/Self

- Same as Mother/Guardian Information

**Father's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Soc. Sec. Number** \_\_\_\_\_

**Medical Insurance Provider** \_\_\_\_\_

**Group Number** \_\_\_\_\_

**Member ID** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

Is this plan an HMO or PPO?

- Yes     No

Is pre-authorization required to obtain treatment?

- Yes     No

Is a second opinion required before surgery?

- Yes     No

## Mother/Guardian

- Same as Father/Guardian Information

**Mother's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Soc. Sec. Number** \_\_\_\_\_

**Medical Insurance Provider** \_\_\_\_\_

**Group Number** \_\_\_\_\_

**Member ID** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

Is this plan an HMO or PPO?

- Yes     No

Is pre-authorization required to obtain treatment?

- Yes     No

Is a second opinion required before surgery?

- Yes     No

## Authorization

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

**Intercollegiate Athletes:** Your signature below authorizes the Concordia University Health Center, 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.

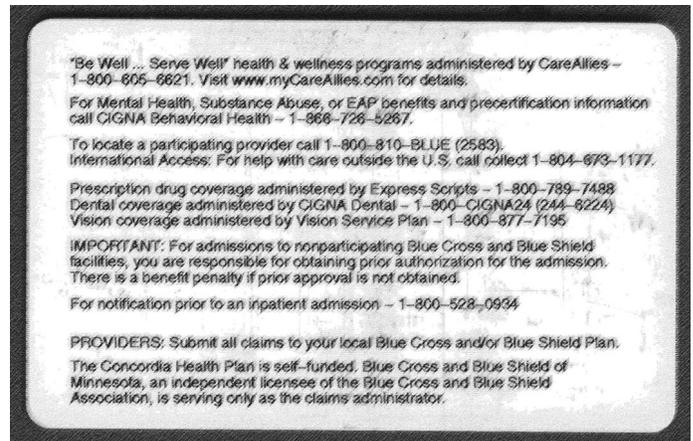
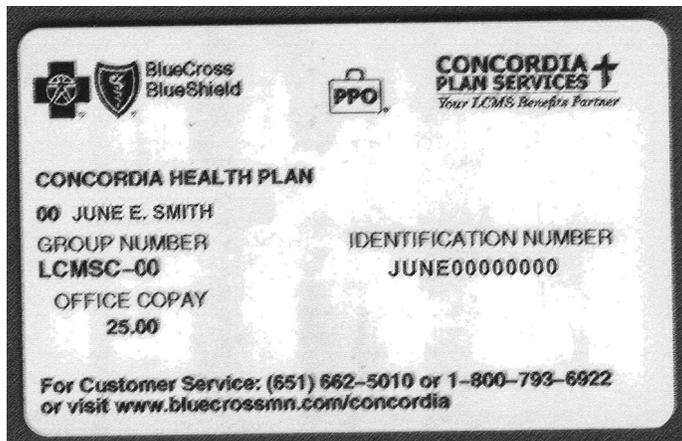
**Required: Enclose a copy of the front and back of your insurance card.**

PRINTED NAME OF STUDENT SIGNATURE OF STUDENT DATE

SIGNATURE OF INSURANCE POLICY HOLDER/PARENT/GUARDIAN DATE

# 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](mailto: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** \_\_\_\_\_  
**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](http://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](http://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](mailto: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: Admssions

# 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) \_\_\_\_\_





**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) \_\_\_\_\_

**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) \_\_\_\_\_

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

SIGNATURE OF PARENT/GUARDIAN

DATE

# 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](https://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](https://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](https://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](https://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](https://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](https://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](https://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](https://studentaid.gov/sa/types/loans/plus).

**REVIEW PRIVATE LOAN OPTIONS IF PURSUING:** Visit [cune.edu/loantypes](https://cune.edu/loantypes) for more information.

**REVIEW YOUR ACCOUNT BALANCE ONLINE:** Sign into the portal ([connect.cune.edu](https://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](https://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](mailto:finaid@cune.edu) or [studentaccounts@cune.edu](mailto:studentaccounts@cune.edu).



# Academic Calendar 2020–21

For a complete list of all the events, visit [cune.edu/events](http://cune.edu/events)



**RESIDENCE HALLS CLOSED:**

Over breaks and at the end of the school year, no meals are served, and students must leave campus. Please mark the following dates on your calendar and plan your travel accordingly.

**Thanksgiving Break**

Sat., Nov. 23, 10 a.m. -  
Sun., Dec 1, 10 a.m.

**Christmas Break**

Fri., Dec. 20, 10 a.m. -  
Sun., Jan 12, 10 a.m.

**Spring Break**

Sat., Mar. 7, 10 a.m. -  
Sun., Mar. 15, 10 a.m.

**End of Year**

Fri., May 8, 10 a.m.  
final checkout for summer

## 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*)