



Next Steps for

# Becoming a Bulldog

Confirmed International 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](http://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](http://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.

# 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](mailto: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](http://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](http://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](http://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 (Fallbrook)

**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 2020-2021 posted on the Concordia website: [cune.edu/rates](http://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](mailto: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

DATE



# COMPLETE AND RETURN

(Financial Understanding and Agreement, page 2)

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 2020-2021: [cune.edu/rates](http://cune.edu/rates)**

Full-time tuition \$34,200

Room \$3,930

Meals \$5,310

Technology/facility fee \$600

Enrollment fee \$200

**Total CUNE expenses: \$44,240**

campus housing (may vary by residence hall)

campus meal plan (may vary by meal plan)

all new students

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

SEVIS I-901 fee for F-1 visa \$350

Books & supplies \$1,000

Personal expenses \$1,345

Medical/accident insurance \$600

Travel expenses \_\_\_\_\_

Other expenses \_\_\_\_\_

Dependent expenses: \_\_\_\_\_

**Total expenses:** \_\_\_\_\_

new F-1 students

estimated - rented or purchased books, special course fees, etc.

estimated - personal care, mobile phone, etc.

estimated for one year - coverage is mandatory

airfare from home to NE, expenses

only if bringing any F-2 dependent family members

**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	\$ _____
<b>Total available funds:</b>		<b>\$ _____</b>



# 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 for 2020-2021: **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!



# Academic Programs



## **Art**

Art Education  
Art Therapy  
Arts Administration  
Graphic Design  
Studio Art

## **Music**



Church Music  
Music  
Music Therapy



## **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

## **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



## **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

## **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:

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

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

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

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

Once I get to know my roommate, I ☐ Would still prefer they always ask to borrow something of mine

☐ Would just assume we could borrow each other's things without asking

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

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

☐ Christian    ☐ Hard Rock    ☐ Other

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

What is most important to you in your college experience? \_\_\_\_\_

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 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 medial condition, we recommend you provide a medical history summary from your physician (diagnosis, recommended treatment and follow-up, and any other pertinent information).

---



---

Family History

	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.

# 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 should 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.

## Choose a health 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.

Concordia has chosen this provider for our students:

**International Student Insurance** 1-877-758-4391

**[internationalstudentinsurance.com/schools/concordiauniversity-nebraska](http://internationalstudentinsurance.com/schools/concordiauniversity-nebraska)**

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

**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 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.
- **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 **PlayNAIA.org**.

Click "Register to Play". Fill out form to create a Student-Athlete Profile.

## Test Scores

Request to have your ACT or SAT test scores sent directly to the NAIA Eligibility Center with code "9876".

If you still plan to take the ACT/SAT, specify the NAIA code "9876" upon registering for the test to have it sent directly to the NAIA Eligibility Center.

## Transcripts

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

## Payment

Through a secure transaction, your credit card or electronic check can be used for payment of the one-time fee when you register. Students that qualify for a waiver of SAT or ACT testing fees or for a free or reduced school lunch program are eligible for a waiver of the registration fee. Fee waivers will be verified by your high school.

If you have any questions regarding your eligibility, contact the NAIA directly at 816-595-8300 or **ecinfo@naia.org** or contact the Concordia University, Nebraska coach of your sport.

# 2020-21 Physical Examination Record

## Required for Student Athletes Only

**THIS SIDE TO BE COMPLETED BY STUDENT OR STUDENT'S PARENT OR GUARDIAN.**

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

The physical exam must take place **after June 1, 2020**, in order to remain valid throughout the 2020-21 athletic seasons.

☐ Male ☐ Female ☐ Spring ☐ Fall ☐ Year 20 \_\_\_\_\_

Name \_\_\_\_\_ Soc. Sec. Number \_\_\_\_\_  
First M. Last

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sport(s) \_\_\_\_\_

### IN AN EMERGENCY, CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

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

Name and Address of Family Physician \_\_\_\_\_

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

## MEDICAL HISTORY

Yes	No	Yes	No		
<input type="radio"/>	<input type="radio"/>	Asthma	<input type="radio"/>	<input type="radio"/>	Shortness of breath
<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	with activity
<input type="radio"/>	<input type="radio"/>	Mononucleosis	<input type="radio"/>	<input type="radio"/>	Cardiac/Heart
<input type="radio"/>	<input type="radio"/>	Hepatitis	<input type="radio"/>	<input type="radio"/>	Problems
<input type="radio"/>	<input type="radio"/>	Epilepsy	<input type="radio"/>	<input type="radio"/>	Tuberculosis
<input type="radio"/>	<input type="radio"/>	High Blood Pressure	<input type="radio"/>	<input type="radio"/>	Sickle Cell
<input type="radio"/>	<input type="radio"/>	Kidney Disease	<input type="radio"/>	<input type="radio"/>	Hernia
<input type="radio"/>	<input type="radio"/>	Bleeding Disorder	<input type="radio"/>	<input type="radio"/>	HIV/AIDS
<input type="radio"/>	<input type="radio"/>	Disordered Eating	<input type="radio"/>	<input type="radio"/>	Others
<input type="radio"/>	<input type="radio"/>	Chronic Skin Disorders			

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

\_\_\_\_\_

Current medications:

\_\_\_\_\_

Limitations/restrictions:

\_\_\_\_\_

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

\_\_\_\_\_

## ORTHOPEDIC HISTORY

General		Specific		Yes	No
Yes	No	Yes	No		
<input type="radio"/>	<input type="radio"/>	Sprains	<input type="radio"/>	<input type="radio"/>	Skull
<input type="radio"/>	<input type="radio"/>	Strains	<input type="radio"/>	<input type="radio"/>	Fracture
<input type="radio"/>	<input type="radio"/>	Fractures	<input type="radio"/>	<input type="radio"/>	Concussions
<input type="radio"/>	<input type="radio"/>	Subluxations	<input type="radio"/>	<input type="radio"/>	# _____
<input type="radio"/>	<input type="radio"/>	Ligament Injuries	<input type="radio"/>	<input type="radio"/>	Face Injury
<input type="radio"/>	<input type="radio"/>	Dislocations	<input type="radio"/>	<input type="radio"/>	Eye
			<input type="radio"/>	<input type="radio"/>	Ear
			<input type="radio"/>	<input type="radio"/>	Nose
			<input type="radio"/>	<input type="radio"/>	Spine
			<input type="radio"/>	<input type="radio"/>	Neck
			<input type="radio"/>	<input type="radio"/>	Lower back
				<input type="radio"/>	Abdominal
				<input type="radio"/>	Chest & Ribs
				<input type="radio"/>	Foot
				<input type="radio"/>	Ankle
				<input type="radio"/>	Knee
				<input type="radio"/>	Upper leg
				<input type="radio"/>	Lower leg
				<input type="radio"/>	Hip
				<input type="radio"/>	Pelvis
				<input type="radio"/>	Hand
				<input type="radio"/>	Wrist
				<input type="radio"/>	Forearm
				<input type="radio"/>	Elbow
				<input type="radio"/>	Upper arm
				<input type="radio"/>	Shoulder

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

\_\_\_\_\_

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

\_\_\_\_\_

Any other current or severe injury not already listed?

\_\_\_\_\_

This side was completed by \_\_\_\_\_

PRINTED NAME

SIGNATURE

DATE

24

**ATHLETE NAME:** \_\_\_\_\_ **SPORT:** \_\_\_\_\_

**THIS SIDE TO BE COMPLETED BY A PHYSICIAN.**

**Physical Examination**

Weight \_\_\_\_\_ Height \_\_\_\_\_

Eye: Os \_\_\_\_\_ Os \_\_\_\_\_

Thorax (deformity) \_\_\_\_\_

Heart Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Lungs \_\_\_\_\_

Abdomen (scars, masses, etc.) \_\_\_\_\_

Ears: Right \_\_\_\_\_ Left \_\_\_\_\_

Nose \_\_\_\_\_

Neck \_\_\_\_\_

Auscultation \_\_\_\_\_

Blood Type \_\_\_\_\_

Hernia \_\_\_\_\_

Lower Extremities (range of motion, alignment, scars) \_\_\_\_\_

**Neurological Screening**

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

**Heart Health Questions About You**

- |  |                           |                          |
|--|---------------------------|--------------------------|
| 1. Have you ever passed out or nearly passed out during exercise?                            | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | <input type="radio"/>     | <input type="radio"/>    |
| 3. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)   | <input type="radio"/>     | <input type="radio"/>    |

**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 <input type="radio"/> | No <input type="radio"/> |
| 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? | <input type="radio"/>     | <input type="radio"/>    |
| 3. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?   | <input type="radio"/>     | <input type="radio"/>    |
| 4. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?   | <input type="radio"/>     | <input type="radio"/>    |

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**

# 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



# 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](http://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.*

<b>Fall Term</b>	<b>Spring Term</b>
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 mailed in mid- July. For more details, visit **[cune.edu/sfs](http://cune.edu/sfs)**.

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

## **VIEWING YOUR STUDENT ACCOUNT AND ONLINE PAYMENT INSTRUCTIONS**

**STUDENTS:** To view your online billing and to make payment, log into the connectCUNE portal ([connectcune.cune.edu](http://connectcune.cune.edu)), click on the 'Academic Life' tab, then on 'Banner Self-Service'. From there, the following folders: STUDENT > STUDENT ACCOUNT > ACCOUNT DETAIL FOR TERM.

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 **[finaid@cune.edu](mailto:finaid@cune.edu)** or **[studentaccounts@cune.edu](mailto:studentaccounts@cune.edu)**.

**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 (Sept. 2, 2020). Payment plans begin on Aug. 5 for the fall term. Visit us at **[cune.edu/sfs](http://cune.edu/sfs)** for further information regarding payments and setting up a payment plan.



# 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)