

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.

Register list at
cune.edu/jumpstart



Jump Start Day

Monday, June 17, 2019

Jump Start Days 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-card, 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 402-643-7233, to register for a Jump Start Day!

Full schedule at
cune.edu/launch
around end of July



LAUNCH Weekend

Aug. 22-25, 2019

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. 22, move-in starts at 8 a.m. Fall term begins on Aug. 26.

Welcome to Concordia!

Greetings!

Congratulations on choosing Concordia University, Nebraska! I hope you are excited as you begin one of the greatest and most worthwhile adventures of your life: college. I want to welcome you into our community of students seeking academic challenges, personal growth and preparation for a lifetime of leadership and service in all they do. We are glad you are going to be a part of it all. Welcome!



Scott Seevers
Senior Vice President of Enrollment and Marketing

Christ-centered Curriculum

Christ is at the core of all we do at Concordia. Faith exploration and growth intersect with all subjects, and all students are required to take a few courses in biblical and theological study. The general education program covers 12 areas of study to enable students to broaden their knowledge, improve their communication skills, learn about their own faith, gain a greater appreciation for the whole of God's creation and come to a clearer understanding of how they can best utilize their unique gifts in service to others. A capstone experience is designated in each major. Multicultural studies, intensive writing and financial literacy activities are also included to ensure a well-prepared graduate.

Student Handbook

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

Human Sexuality

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

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

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

Enrollment Checklist

Please complete these forms at your earliest convenience, but no later than May 1. (If confirmed after May 1, please return as soon as possible.) Information about all of these topics is on the following pages. Many of these forms are included in this handbook; others can be found online.

Forms to complete and return in the enclosed envelope:

- Complete **Course Pre-Registration** form, including submission of final high school transcripts, AP test scores and/or final college transcripts.
- Consider FERPA regulations and fill out **Student Consent for Release of Information** form if desired.
- Complete **Residence Hall Contract** form.
- Complete **required health forms**, along with a copy of your immunization records and insurance card.
- Complete **Assumption of Risk and Waiver of Liability Release** form.
- Complete suggested health forms if desired (a PDF of this handbook is available at cune.edu/admission/undergraduate/process).

Other tasks to complete:

- Complete the **2019-2020 Free Application for Federal Student Aid (FAFSA)** as soon as possible after Oct. 1, 2018. You will utilize 2017 tax information so there is no need to wait for completion of 2018 taxes.
- Review Financial Aid Award Letter (received by mail between November and August, as well as email) 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 2019 information in July and get ready for LAUNCH Weekend 2019!
- Familiarize yourself with banner self-service, found on the “New Student” tab within the portal (connectcune.cune.edu), as Banner self-service houses all of your personal information from your class schedule, roommate information, your award letter, online billing, etc.

Course Pre-Registration

FOR OFFICE USE ONLY
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, theology, 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

Music



Church Music
Music
Music Therapy



Business & Communications

Accounting
Agribusiness
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



Agriculture
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

Mobile Phone

Mobile 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

Mobile Phone

Name *(please print full name)*

Address

City State ZIP

Email

Mobile Phone

FOR OFFICE USE ONLY
 Date Received _____
 Room _____

Residence Hall Contract

Reserve Housing Contract for Academic Year 2019-20

- 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** _____ **Email** _____
 Male
 Female
 Unmarried
 Married
 Divorced

Parent/Guardian _____ **Phone**(Home) _____ (Mobile) _____
 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:

Your academic area of study will be _____

Three words that describe me are _____

Activities you 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** You'd be annoyed
 You'd be fine with that
 They're probably yours anyway
- In the morning, you tend to** Wake up with my alarm
 Hit the snooze once
 Hit the snooze several times
- At night, you tend to** Go to bed as soon as it's dark
 Head to bed by midnight
 Stay up well past midnight
- You prefer to room with someone** More introverted
 More extroverted
 Really doesn't matter to you
- Once you get to know your roommate, you** Would still prefer they always ask to borrow something of yours
 Would just assume we could borrow each other's things without asking
- You 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) you are 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 you are under 19 years of age by the first day of the semester for which housing is requested, your parent or guardian must sign below:

 PARENT OR GUARDIAN SIGNATURE, SURETY TO CONTRACT PERFORMANCE

I hereby acknowledge that I have read and understand the terms as set forth on the front and reverse side of this document, and I understand that I am obligated to abide by all aspects of this agreement.

 STUDENT SIGNATURE

Terms and Conditions

- 1. Roommate assignment:** While every effort will be made to comply with the student preferences of residence hall assignment and roommate choice, final determination is made by the university.
- 2. Vacating residence hall:** In the event a resident vacates a room, the remaining resident will be assigned a new roommate or be reassigned to another room as determined necessary by the housing coordinator in the Student Life Office (SLO). If a resident chooses to have a single room, the additional private room charge will be charged, pending availability.
- 3. Room or roommate changes** must follow the guidelines outlined in the Student Handbook. There will be a \$100 minimum* processing fee for all student-initiated modification of signed Housing Contract resulting in change of resident hall room/roommate.
- 4. Factors of race, color or national origin** will not be considered in making room assignments; requests for specifically named roommates must be reciprocal in nature and received prior to the time a room assignment is made by the housing coordinator.
- 5. Resident Hall Contracts** are for the first and second semester terms of the academic year, unless otherwise indicated on the contract. This contract does not provide room and board during officially designated vacation periods. See Student Handbook calendar for those dates. There will be a \$50/night minimum* occupancy fee for approved occupancy of the residence hall room outside the Housing Contract dates and outside of school-sponsored events.
- 6. Tobacco and pet free:** Concordia University has tobacco-free residence halls and does not allow pets.
- 7. Cleanliness/damage:** Every resident is responsible for the cleanliness and maintenance of his or her room and is liable for any damage to residence hall property or furnishings in his or her room resulting from abuse or lack of care.
- 8. Privacy and inspections:** During the course of the year Student Life Office personnel will conduct periodic health and safety inspections for fire, health, safety and security purposes. These will be conducted as scheduled monthly, during vacations (Thanksgiving, Christmas and Spring Break) and when circumstances necessitate for the health and safety of students. Additionally, the Directors of Student Life, Residence Hall Coordinators and Resident Assistants have the privilege of entering any residence hall room if there is "reasonable cause" to believe a university code or policy is being violated. Failure by a resident/student to give access to a residence hall room when requested to do so by a university official is a violation of policy. (See Student Handbook for further clarification on access, fire safety, maintenance, inspections, privacy and visitation.)
- 9. Guests:** Residents are responsible for their guests and are accountable for complying with guidelines as stated in the section "Guests" in the Student Handbook.
- 10. Unclaimed belongings:** Personal effects, valuables or other property of the resident in the residence hall at the close of the current academic year and not reclaimed within 30 days thereafter may be detained or disposed of by the university.
- 11. Termination of contract:** Conduct deemed to be such as to require removal of the student from the residence halls shall be grounds for termination of the Residence Hall Contract. The university may terminate this agreement and take possession of the room or re-assign the resident(s) to another room or residence hall for consistent violation of any university regulations as found in the Student Handbook and this contract, for health or social reasons, or for any reason deemed sufficient by the Student Life Directors.
- 12. Breach of Housing Contract:** There is a \$200-\$500 minimum* (loss of housing deposit) charge for a breach of signed Housing Contract by no show/abandonment of resident hall room. Failure to notify SLO by June 1 of plans to live off campus (after turning in a signed Housing Contract) is considered a breach of housing contract.
- 13. Withdrawal from University (attrition):** Students who sever connections with Concordia for reasons other than graduation MUST BE ATTRITIONED. They MUST complete the attrition form prior to leaving campus. This form can be obtained from the Advising Office. The residential student must also complete the room check-out process with the Resident Assistant. Upon completion of the Attrition Form and room check-out process, the refund of the unexpired portion of the room and board will be made. Attritions must be completed before June 1 (for the following fall semester) and January 1 (for the spring semester) for the housing deposit to be refunded. An attrition after those dates will forfeit the housing deposit for Breach of Contract.
- 14. Check out process:** When a student living in the residence halls graduates, attritions or moves to an off-campus residence, the student must complete the residence hall check-out process with the assistance of the residence hall staff (generally the Resident Assistant). Damages noted on the check-out form, if any, will be documented and processed by the Buildings and Grounds staff to determine costs for repair or replacement charged to the student. Failure to officially check out with residence hall staff results in a minimum \$50 fine.*
- 15. Meal plans:** Students living in the residence halls are required to participate in an on-campus meal plan. You are automatically enrolled in the 21-Meal Plan. Any changes to this meal plan must be made by signing a meal plan contract at the Student Life Office by June 1 for first semester and Dec. 1 for second semester.

*Additional charges may be added when student fails to provide timely notification to SLO, obtain SLO approval or follow SLO guidelines, policy, protocol or process.

Medical History

(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 _____ Mobile 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 CLASS 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.

Tuberculosis (TB) Screening

Have you ever had a positive TB skin test? Yes No

Have you ever had close contact with anyone who was sick with TB? Yes No

Are you from or have you lived for two months or more in Asia, Africa, Central or South America or Eastern Europe? Yes No

If yes, where? _____

Have you ever been vaccinated with BCG? Yes No

If you answered yes to any of the above questions, Concordia University requires that a health care provider complete a tuberculosis risk assessment within six months prior to the start of classes. All cost associated with the assessment shall be the responsibility of the student. A TB risk assessment form will be provided. If you have any questions, please contact the Health Center at 402-643-7224 or healthcenter@cune.edu.

Meningococcal

Nebraska state law requires post-secondary institutions to provide students and parents information related to the meningococcal disease.

I have read the information on Meningococcal disease on page 13 and at cdc.gov/meningitis/index.html and cune.edu/HealthCenter.

Yes, I have been vaccinated. _____
 Month Day Year

Authorization for Treatment

PARENT/GUARDIAN MUST SIGN BELOW FOR AUTHORIZATION OF CARE FOR STUDENTS UNDER 19 YEARS OLD

I authorize Concordia University Health Center, Seward, Nebraska, to provide medical and/or mental health care to:

Name _____ **Student ID J#** _____

Services may include but are not limited to diagnostic examinations, verification and/or administration of immunizations, and necessary medical treatment and mental health counseling.

I further understand, according to Nebraska law, that once the above named minor reaches age 19 my consent for treatment is no longer required.

STUDENT SIGNATURE **DATE**

PARENT/GUARDIAN SIGNATURE **DATE**

PLEASE ATTACH A COPY OF YOUR IMMUNIZATION RECORDS.

Insurance & Authorization

(Required to be on file in Health Center)

- New Student Returning Student
 Spring Fall Year 20 _____

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

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

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

Address _____
 Street City State ZIP

Mobile 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.

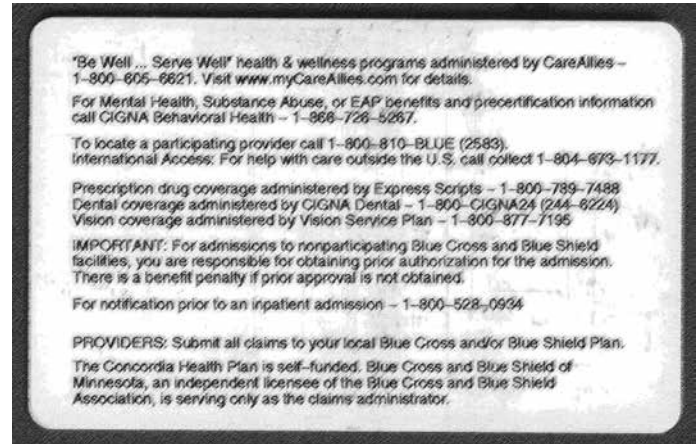
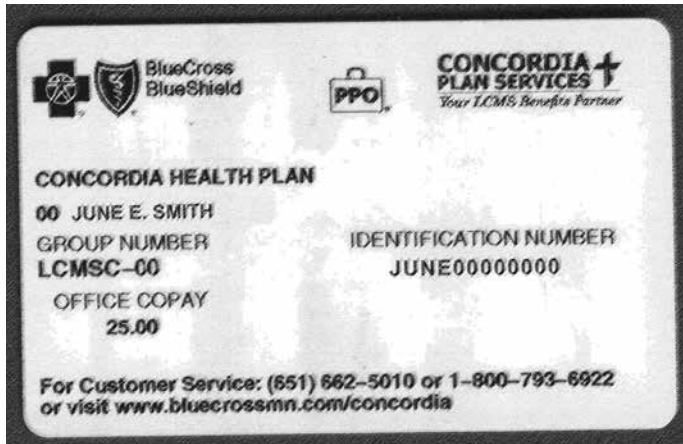
Required: Enclose a copy of the front and back of your insurance card.

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 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 and submit additional information to the NAIA Eligibility Center as soon as possible. Shooting sports are exempt from this step.
- **2019-20 Physical Examination Record** — Exam must take place after June 1, 2019.
- **Lincoln Orthopaedic Center — Parental Authorization** — For students aged 18 years and younger.
- **Student-Athlete Drug Testing Consent Form**
- **Student-Athlete Concussion Responsibility Form**

NAIA Eligibility Certification

Attention Student-Athletes:

The National Association of Intercollegiate Athletics' Eligibility Center provides initial-eligibility certification for first-time NAIA participants—high school students, transfers from non-NAIA schools, and those who have never participated in athletics at an NAIA-member school. The NAIA Eligibility Center will determine athletic eligibility based on academic record and the additional information provided by the athlete. It is the responsibility of the prospective student athlete to make sure the Eligibility Center has the documents needed to certify his/her eligibility.

If you have not already been cleared by the NAIA Eligibility Center, please take the time to follow the instructions below to prevent any delays in your athletic participation.

How to Register

Apply for eligibility certification at www.PlayNAIA.org.

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

Test Scores

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

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

Transcripts

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

Payment

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

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

2019-20 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, 2019**, in order to remain valid throughout the 2018-19 athletic seasons.

Male Female Spring Fall Year 20 _____

Name _____ Soc. Sec. Number _____
First M. Last

Address _____
Street City State ZIP

Date of Birth _____ Age _____ Mobile Phone _____

Sport(s) _____

IN AN EMERGENCY, CONTACT:

Name _____ Relationship _____

Address _____
Street City State ZIP

Home Phone _____ Work Phone _____ Mobile Phone _____

Name and address of family physician _____

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

MEDICAL HISTORY

- | | |
|--|---|
| Yes No | Yes No |
| <input type="radio"/> <input type="radio"/> Asthma | <input type="radio"/> <input type="radio"/> Shortness of breath with activity |
| <input type="radio"/> <input type="radio"/> Diabetes | <input type="radio"/> <input type="radio"/> Cardiac/Heart Problems |
| <input type="radio"/> <input type="radio"/> Mononucleosis | <input type="radio"/> <input type="radio"/> Tuberculosis |
| <input type="radio"/> <input type="radio"/> Hepatitis | <input type="radio"/> <input type="radio"/> Seizures |
| <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

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

20

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

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 FAFSA: If you intend to utilize the federal aid, including loans, go to **fafsa.gov** to apply.

- If your FAFSA was flagged for verification, a mailing will be sent to your permanent address. Please complete as soon as possible. Contact Student Financial Services if you have questions.

CONTACT YOUR ADMISSIONS COUNSELOR: If you do not intend to utilize federal aid please notify your admissions counselor, if you have not already notified them to move forward in the financial aid process.

ACCEPT YOUR FINANCIAL AID ONLINE: Sign into the portal (**connectcune.cune.edu**), click the 'New Student' tab, then 'Banner Self-Service'. From there, the following subfolders: STUDENT > FINANCIAL AID > AWARD > AWARD FOR AID YEAR. Select the 19-20 aid year, submit, and work through all four tabs.

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

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

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

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

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

REVIEW YOUR ACCOUNT BALANCE ONLINE: Sign into the portal (**connectcune.cune.edu**), click the 'New Student' tab, then 'Banner Self-Service'. From there, the following subfolders: STUDENTS > STUDENT ACCOUNT > ACCOUNT DETAIL FOR TERM.

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, 2019). Payment plans begin on Aug. 5 for the fall term. Visit us at **cune.edu/sfs** for further information regarding payments and setting up a payment plan.

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



Academic Calendar 2019–20

For a complete list of
all the events, visit
cune.edu/events



FALL SEMESTER 2019

August 26

Classes begin

October 15

First quarter ends

October 16

Second quarter begins

October 18—October 20

Fall break

November 23—December 1

Thanksgiving break

December 16—December 19

Final exams

December 19

End of fall semester

December 21

Fall graduation

(No commencement ceremony)

SPRING SEMESTER 2020

January 13

Classes begin

January 20

Martin Luther King Jr. Day holiday

March 3

Third quarter ends

March 4

Fourth quarter begins

March 7–15

Spring recess

April 10–15

Easter break

April 4–May 7

Final exams

May 7

End of spring semester

May 9

Spring graduation

(Commencement ceremony)