Admitted STUDENT Guide 2021 - 2022

Your next steps to become a TROJAN
Dr. Makola M. Abdullah  
President, Virginia State University  

It is my pleasure to greet you on behalf of our Trojan Family and we are excited about the experience you will have once you arrive on campus. Virginia State University is a place where you will grow personally and be challenged academically.

VSU has been transforming lives and developing pioneers for more than a century. You are now a part of our family. Get ready for a life-changing experience as a VSU Trojan. We welcome you, and we are excited about what lies ahead.

Hail State! Hail State! Hail, Hail, Hail!

<table>
<thead>
<tr>
<th>Page</th>
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Hail State! Hail State! Hail, Hail, Hail!
Next Steps - First-Time Freshmen and Transfers with less than 30 credits

YOU HAVE APPLIED, SUBMITTED DOCUMENTS AND WERE ADMITTED; NOW YOU WILL TAKE THE NEXT STEPS TO CONFIRM YOUR STATUS, SECURE YOUR POSITION, AND BEGIN YOUR FIRST SEMESTER AT VSU.

This guide is a valuable resource providing action steps, required forms, helpful hints and University information to ensure a smooth transition to VSU and assist you in your first year as a Virginia State University TROJAN. Many of the questions you may have your first year are answered in this book, so be sure to read it completely, and keep it as a reference for information throughout the year.

Note: You are considered a First-Time Freshman regardless of how many dual enrollment (DE) credits you have earned. If the credits are earned prior to graduating from high school, you are considered a First-Time Freshman.

Step 1 - Accept the Offer

To accept your non-binding offer of admission,
1. Sign in to your online application account at www.vsu.edu/apply
2. Under the Action section, click “View”
3. Click “Respond Now” on your Decision History screen.
4. Click “I Accept Admission”

Step 2 - Submit the Enrollment Fee

Upon acceptance to the University, all newly admitted students are required to pay a $100 non-refundable enrollment fee to be recognized as a VSU student and register for the upcoming term.

To secure your spot in the upcoming class go to www.vsu.edu/deposit and submit your enrollment fee. Have your VSU student ID (V#) available. Payments may take up to three (3) business days to post to your account.

***PLEASE NOTE*** You will NOT be able to proceed until the enrollment deposit has posted to your account.
Step 3 - Access Banner Student Self-Service

After your enrollment fee has posted to your account, you will be able to access Banner Student Self-Service.
1. Go to www.vsu.edu/trojanlink and click, “Banner”
2. Scroll down and click, “Self Service for Students”
3. Click “Banner Self Service”
4. Log in with User ID (V#) and PIN.
   a) User ID is case sensitive, you must use a capital “V”.
   b) Your PIN is your six-digit date of birth entered as a 2-digit month, day, and year.
   (Example: November 03, 1999 would be entered as 110399)
5. Click “Student, Housing and Financial Aid” to access your account information.

Step 4 - Complete Orientation

Newly admitted students attend The Trojan Introduction Program (TIP) during the months of June and July for students entering the fall semester and January for students entering the spring semester.

TIP is conducted in two parts, the Virtual Advising session, and the Online Orientation Modules. Sign up for your Virtual Advising session at www.vsu.edu/orientation.

After your enrollment fee has posted to your account, access the orientation modules will be sent by e-mail. There are important instructions in the modules that must be completed to progress through the enrollment process.
To complete the enrollment process, submit your final high school transcript to the Office of Admissions. The final high school transcript includes your graduation date. Failure to submit may result in a registration hold.

If you have AP/IB test results or DE credits, send the test score report(s) and/or college transcript to Admissions prior to attending Orientation.

Keep in mind, DE grades on a high school transcript will NOT apply for college credit. A transcript from the college/university issuing the credits must be received to be applied to your VSU student record.

Step 5 - Submit Housing Application & Room Deposit

Most freshmen and sophomores are required to live on campus (see residence life webpage for exemptions). To receive a housing assignment, you must complete an online housing application and pay the $150 Room Deposit.

Submit your online housing application and deposit at: https://www.vsu.edu/reslife/apply-for-housing.php. You will be directed to your Student Self Service account you set up in Step 3 to submit the application.

The $150.00 room deposit is refundable. If you no longer plan to live on campus after submitting the room deposit, send an e-mail to reslife@vsu.edu to request a refund.

Step 6 - Complete your FAFSA

To apply for most financial aid, including federal and state student grants, work-study, and loans, you’ll need to complete the Free Application for Federal Student Aid (FAFSA).

Be sure to include VSU’s code (003764) on your FAFSA so we can receive your information to award financial aid.

Although this financial aid form may seem complex, there are many free resources to help you. Visit the VSU Financial Aid webpage at www.vsu.edu/financial-aid for more information.
To complete the enrollment process, submit your final high school transcript to the Office of Admissions. The final high school transcript includes your graduation date. Failure to submit may result in a registration hold.

If you have AP/IB test results or DE credits, send the test score report(s) and/or college transcript to Admissions prior to attending Orientation.

Keep in mind, DE grades on a high school transcript will NOT apply for college credit. A transcript from the college/university issuing the credits must be received to be applied to your VSU student record.

**QUICK TIP:** First-time freshmen with DE credits are still eligible for freshman scholarships even if the credits earned result in sophomore or junior classification.
Next Steps - Transfers with 30 or more credits

AS A TRANSFER STUDENT, YOU HAVE AN IDEA OF HOW THE COLLEGE ENROLLMENT AND FINANCIAL AID PROCESS WORKS. NOW YOU WILL TAKE THE NEXT STEPS TO BEGIN YOUR FIRST SEMESTER AT VSU.

This guide is a valuable resource providing action steps, required forms, helpful hints and University information to ensure a smooth transition to VSU and assist you in your first year as a Virginia State University TROJAN.

Many of the questions you may have your first year are answered in this book, so be sure to read it completely, and keep it as a reference for information throughout the year.

**QUICK TIP:** Don't forget to add VSU's code (003764) to your FAFSA form.

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**Step 1 - Accept the Offer**

To accept your non-binding offer of admission,

1. Sign in to your online application account at www.vsu.edu/apply
2. Under the Action section, click “View”
3. Click “Respond Now” on your Decision History screen.
4. Click “I Accept Admission”

---

**Step 2 - Submit the Enrollment Fee**

Upon acceptance to the University, all newly admitted students are required to pay a $100 non-refundable enrollment fee to be recognized as a VSU student and register for the upcoming term.

To secure your spot in the upcoming class and proceed with registration, go to www.vsu.edu/deposit to submit your enrollment fee. Have your VSU student ID (V#) available. Payments may take up to three (3) business days to post to your account.

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**Step 3 - Access Banner Student Self-Service**

After your enrollment fee has posted to your account, you will be able to access Banner Student Self-Service.

1. Go to www.vsu.edu/trojanlink and click, “Banner”
2. Scroll down and click, “Self Service for Students”
3. Click “Banner Self Service”
4. Log in with User ID (V#) and PIN (case-sensitive, must use a capital “V”).
   a) PIN is your six-digit date of birth entered as a 2-digit month, day, and year.
   (Example: November 03, 1999 would be entered as 110399)
5. Click “Student, Housing and Financial Aid” to access your account information.

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**Step 4 - Activate Student E-mail & Active Directory**

Your student E-mail is the best way to communicate with all Faculty and Staff at the University. Go to www.vsu.edu/trojanlink/student-email-system.php to activate as all university communication will be sent to the student E-mail account.

The Active Directory is your link to our campus network. Until your AD account is activated, you will be unable to access the Internet, Wi-Fi (on campus), Microsoft Office product installations, VSU computer labs, Medicat, Blackboard, and more. Go to https://www.vsu.edu/files/docs/techservices/activate-my-account.pdf for instructions to activate your account.
Credit Articulations

ARTICULATION IS THE PROCESS OF ADDING YOUR ELIGIBLE COLLEGE CREDITS TO YOUR VSU ACADEMIC RECORD.

This process may take up to 14 business days from the date you accept the offer of admission to complete.

It is very important we receive ALL official transcripts from every college or university attended prior to accepting the offer of admission.

VSU is under NO obligation to articulate credits from a college not listed on the application.

Courses eligible for articulation include 100-level or greater courses with a grade of “C” or better. Remedial and developmental courses are ineligible.

Credits must be articulated prior to registering for classes so courses completed successfully are not repeated.

Step 1 - Accept the Offer

Step 2 - Submit the Enrollment Fee

Step 3 - Access Banner Student Self-Service

Step 4 - Activate Student E-mail & Active Directory

Step 5 - Register for Orientation / Meet with Advisor

Step 6 - Submit Housing Application and Room Deposit

Step 7 - Submit Health Forms

 Newly admitted students attend The Trojan Introduction Program (TIP). Register for TIP at www.vsu.edu/orientation.

Access to the orientation modules will be e-mailed after the enrollment deposit has posted. There are important instructions in the modules that must be completed to progress through the enrollment process.

If you plan to stay on campus, complete an online housing application and submit the $150 Refundable Room Deposit at: www.vsu.edu/reslife/apply-for-housing.php.

If you no longer plan to live on campus after depositing, send your name, V#, and a deposit refund request to reslife@vsu.edu.

Complete the forms on pages 11-14 with all required documents and submit to Student Health Services through the VSU Medicat secure online portal or mail documents to:

Student Health Services, P.O. Box 9082
Virginia State University, VA 23806.

Be sure to retain a copy for your records.
University Contacts

VSU IS IN THE (804) AREA CODE AND MOST NUMBERS ON CAMPUS BEGIN WITH THE PREFIX, 524-. IF YOU DON’T KNOW A NUMBER ON CAMPUS, CALL THE UNIVERSITY SWITCHBOARD AT (804) 524-5000.

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>PHONE</th>
<th>E-MAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Center for Excellence (ACE)</td>
<td>6755</td>
<td><a href="mailto:ace@vsu.edu">ace@vsu.edu</a></td>
</tr>
<tr>
<td>Admissions</td>
<td>5901</td>
<td><a href="mailto:admissions@vsu.edu">admissions@vsu.edu</a></td>
</tr>
<tr>
<td>Athletics</td>
<td>5031</td>
<td><a href="mailto:dmallory@vsu.edu">dmallory@vsu.edu</a></td>
</tr>
<tr>
<td>Campus Police</td>
<td>5360</td>
<td><a href="mailto:police@vsu.edu">police@vsu.edu</a></td>
</tr>
<tr>
<td>Cashier</td>
<td>5150</td>
<td><a href="mailto:bursar@vsu.edu">bursar@vsu.edu</a></td>
</tr>
<tr>
<td>Financial Aid</td>
<td>5990</td>
<td><a href="mailto:finaid@vsu.edu">finaid@vsu.edu</a></td>
</tr>
<tr>
<td>Honors Program</td>
<td>6709</td>
<td><a href="mailto:honors@vsu.edu">honors@vsu.edu</a></td>
</tr>
<tr>
<td>International Student Advisement</td>
<td>5928</td>
<td><a href="mailto:fmarshall@vsu.edu">fmarshall@vsu.edu</a></td>
</tr>
<tr>
<td>Orientation (TIP)</td>
<td>5356</td>
<td><a href="mailto:tip@vsu.edu">tip@vsu.edu</a></td>
</tr>
<tr>
<td>Registrar</td>
<td>5275</td>
<td><a href="mailto:registrar@vsu.edu">registrar@vsu.edu</a></td>
</tr>
<tr>
<td>Residence Life</td>
<td>5011</td>
<td><a href="mailto:reslife@vsu.edu">reslife@vsu.edu</a></td>
</tr>
<tr>
<td>Student Accessibility Office</td>
<td>5061</td>
<td><a href="mailto:kpeebles@vsu.edu">kpeebles@vsu.edu</a></td>
</tr>
<tr>
<td>Student Accounts</td>
<td>5506</td>
<td><a href="mailto:bursar@vsu.edu">bursar@vsu.edu</a></td>
</tr>
<tr>
<td>Student Activities</td>
<td>5701</td>
<td><a href="mailto:studentactivities@vsu.edu">studentactivities@vsu.edu</a></td>
</tr>
<tr>
<td>Student Health Services</td>
<td>5711</td>
<td><a href="mailto:healthcenter@vsu.edu">healthcenter@vsu.edu</a></td>
</tr>
<tr>
<td>Student Helpdesk</td>
<td>2000</td>
<td><a href="mailto:VSUstudentHD@vsu.edu">VSUstudentHD@vsu.edu</a></td>
</tr>
<tr>
<td>ROTC (Military Science)</td>
<td>5216</td>
<td><a href="mailto:rotc@vsu.edu">rotc@vsu.edu</a></td>
</tr>
<tr>
<td>Veteran’s Affairs</td>
<td>9528</td>
<td><a href="mailto:fmarshall@vsu.edu">fmarshall@vsu.edu</a></td>
</tr>
</tbody>
</table>

Academic Colleges

College of Agriculture
Dr. M. Ray McKinnie, Dean
Campus P.O. Box 9081
mmckinnie@vsu.edu
804.524.5961

The Reginald F. Lewis College of Business
Dr. Emmanuel Omojokun, Dean
Campus P.O. Box 9398
eomojokun@vsu.edu
804.524.5166

College of Education
Dr. Willis Walter, Dean
Campus P.O. Box 9088
wwalter@vsu.edu
804.524.5742
We are Trojan Nation.
Academic Calendar - Fall 2021

THE VSU ACADEMIC CALENDAR OFFERS SEVERAL IMPORTANT ACADEMIC EVENTS AND DATES.

The academic calendar serves as a handy guide to reference before and during sessions to ensure you’re up to speed on registration, assessments, late validation fees, and more.

The calendar below highlights some events most students would need to know. To view the full VSU academic calendar, go to www.vsu.edu/academics/academic-calendar.php where you will also find the latest updates and additions to the academic calendars.

### August

- **Friday, 13** Residence Halls Open at 8:00 a.m. for New and Continuing Students
- **Monday, 16** Validation Begins for Fall Semester
- **Monday, 23** University Classes Begin
- **Friday, 27** Validation Ends for Fall Semester - Non-Validated Students must EXIT the Residence Halls

### September

- **Monday, 6** Labor Day - University Closed
- **Monday, 13** Formal Opening Convocation (7 PM)

### October

- **Monday, 11** Midterm Examinations Begin
- **Saturday, 16** Midterm Examinations End
- **Mon.-Tues. 18-19** Fall Break - No Classes
- **Saturday, 23** Homecoming Game (2 PM)
- **Monday, 25** Registration Begins for Spring 2022

### November

- **Monday, 22** Registration Ends for Spring 2022
- **Wednesday, 24** Residence Halls Close (12 noon)
- **Thurs.-Sat. 25-27** Thanksgiving - University Closed
- **Sunday, 28** Residence Halls Open (8 AM)
- **Tuesday, 30** University Classes End

### December

- **Wednesday, 1** University Reading Day - No Classes
- **Thursday, 2** Final Examinations Begin
- **Tuesday, 7** Final Examinations End
- **Wednesday, 8** Residence Halls Close (12 noon)
Health Evaluation Checklist

Please be sure the following information is complete before submitting the Health Evaluation Form. The form is required of all full-time students; including transfer students regardless of classification and is due June 1st for fall admission and December 1st for students entering in the spring.

It is important to answer each section of the health record completely. Incomplete forms will result in a HOLD on your account and delay your registration.

If you have questions regarding these forms, please call Student Health Services at (804) 524-5711, Monday - Friday, 8:00 AM - 5:00 PM

Upload completed health form to the VSU Medicat Online Portal at: https://vsu.medicatconnect.com

If you are unable to upload your completed health form to the Medicat portal, send by mail to:
Virginia State University Student Health Center
P.O. Box 9082
Virginia State University, VA 23806

**Section I - Health History**
- Health History
- Student Identification Number (V#)
- Home Address
- Emergency Contact Information
- Personal History
- Did you sign and date your form?
- Are you under the age of 18? If so, be sure your parent/guardian signs the health form.
- Have you attached a photocopy of your Insurance I.D. Card?

**Section II - Immunization Record**
- Is a photocopy of immunization records attached?
- Are all immunization dates documented?
- 1st and 2nd MMR? – Both dates are required.
- Tetanus Diphtheria or Tdap – within ten (10) years?
- Hepatitis B - Dose #1, Dose #2 and Dose #3 or Waiver
- Polio (OPV) AND DIPHTHERIA/TETANUS/PERTUSSIS (DTP) (date of last in series)
- Meningitis Vaccine, and Booster or Waiver

**Section III - Tuberculosis Screening**
- TB Screening or TB skin test
- Signature and date of health care provider

**Section IV - Meningitis & Hepatitis B Vaccine Information**
- Name and V#
- Signature and date if waiving vaccine
Health Evaluation Form - Section I

I. HEALTH HISTORY - To be completed by the STUDENT (Required of all full-time students)

Please answer all questions. Information requested in this form is strictly for the use of the Student Health Center in providing medical care and will not be released without your consent. Information gathered will not affect your admission status in any way.

These forms are due June 1st for fall admission and December 1st for students entering in the spring.

Name ___________________________________________ Gender _____ Date of Birth _____/_____/____ Age _____

Last _____________________ First ___________________ MI ___________

Student V# ___________________________ VSU Sport (if applicable) ____________________________

Home Address ___________________________________________

Street Address ___________________________ Apt _____________ City _____________ State _______ Zip Code __________

Home phone (______)___________________________ Cell Phone (______)___________________________

Name of parent(s) or guardian: ______________________________________________________

Anticipated entry date:  □ Spring 20_____ □ Fall 20_____ Previously enrolled? □ Yes □ No

Admission Status: □ First-time Freshman □ Transfer □ Re-Admit □ Graduate

In Case of Emergency, notify: ______________________________________________________ Relationship: _____________

Address ___________________________________________ Phone: (______)________

Address ___________________________ Apt _____________ City _____________ State _______ Zip Code __________

Name of Insurance Company: ____________________________________ Subscriber: ____________________________

Policy Number: ___________________________ Address: __________________________________________

(Please provide a photocopy of your insurance I.D. Card in addition to information completed above)

PERSONAL HISTORY

Significant Medical Conditions (dates and diagnoses): ____________________________________________

Hospitalizations (dates and diagnoses): ______________________________________________________

Please circle to indicate whether you have (or had in the past) these problems.

Allergies   Hearing impairment   Migraine Headache   Sexually Transmitted Disease
Anemia      Heart Disease        Pneumonia         Substance/Alcohol Abuse
Asthma      Heart Murmur         Psychological Problems Thyroid Disorder
Bleeding Disorder  Hepatitis or Liver Disease  Rheumatoid Arthritis Tuberculosis or Positive TB Test
Cancer or Malignancy High Blood Pressure  Rheumatic Fever Visual Impairment
Chickenpox  HIV                  Sickle Cell Trait Other
Diabetes    Kidney Infection or Stone  Sickle Cell Disease Other
Gastrointestinal Disorder  Lung Disease  Seizure Disorder

FAMILY HISTORY: Circle if condition exists in your family (immediate family, grandparents, aunts, uncles and cousins).

Allergies   Cancer   High Blood Pressure   Sudden Death
Anemia      Diabetes  Lung Disease        Tuberculosis
Asthma      Eye Disorder  Psychiatric Disorder Ulcer
Bleeding Disorder  Heart Disease  Stroke Other

FOR SIGNATURE OF PARENTS/Legal Guardians OR STUDENTS 18 YEARS OF AGE OR OLDER

Virginia law requires parental permission in order to provide medical or surgical care to minors. Parents/legal guardian must sign the following consent statement to ensure medical care is carried out promptly without unnecessary delays.

RELEASE OF MEDICAL RECORDS: I authorize the release of all medical records to Virginia State University Student Health Center. I hereby authorize the physicians, clinicians, and staff nurses of Virginia State University Student Health Center to examine, interview, test, and if necessary, treat my son/daughter/myself, as deem advisable.

Signature: ___________________________________________ Date: _____/_____/_____

Parent/Guardian or Student
**II. IMMUNIZATION RECORD - To be completed and signed by the LICENSED HEALTH PROVIDER.**

All full-time students are required by the Code of Virginia (Section 23-8.0) to provide documentation of their immunizations by a licensed health professional. If you are unable to provide appropriate documentation, vaccines may be repeated. A registration hold for the upcoming semester will be placed if all required immunizations are not up-to-date.

<table>
<thead>
<tr>
<th>Name</th>
<th>Student V#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
</tbody>
</table>

Date of Birth: ____/____/_____  

**REQUIRED IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO</td>
<td>date of last dose or booster</td>
</tr>
<tr>
<td>DIPHTHERIA/TETANUS/PERTUSSIS (DPT)</td>
<td>completed primary series</td>
</tr>
<tr>
<td>TETANUS TOXOID/DIPHTHERIA (Td) or Tdap</td>
<td>within ten years</td>
</tr>
<tr>
<td>MMR (dose 1)</td>
<td>Initial dose after 1st birthday (unless born prior to 1957)</td>
</tr>
<tr>
<td>MMR (dose 2)</td>
<td>Given at least 1 month after dose 1</td>
</tr>
<tr>
<td>or MMR TITER</td>
<td>Please provide copy of report</td>
</tr>
</tbody>
</table>

**REQUIRED OR WAIVER**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS B or TWINRIX (Circle one)</td>
<td>Completion date</td>
</tr>
<tr>
<td>MENINGOCOCCAL VACCINE</td>
<td></td>
</tr>
<tr>
<td>MENINGOCOCCAL VACCINE BOOSTER if 1st dose before 16th birthday</td>
<td></td>
</tr>
</tbody>
</table>

**RECOMMENDED**

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPATITIS A</td>
<td></td>
</tr>
<tr>
<td>HPV: HPV4</td>
<td>HPV9</td>
</tr>
<tr>
<td>VARICELLA (Chicken Pox)</td>
<td>After 1st birthday and ≥ 21 days apart OR date of disease</td>
</tr>
<tr>
<td>MENINGITIS B (dose 1)</td>
<td></td>
</tr>
<tr>
<td>MENINGITIS B (dose 2)</td>
<td></td>
</tr>
</tbody>
</table>

***PLEASE ATTACH COPY OF IMMUNIZATION RECORD***

All information must be in English.

☐ To the best of my knowledge, this person received the above immunizations.

OR

☐ The physical condition of the above named individual is such that immunization could endanger life or health.

Signature of Health Professional: ___________________________________________ Date: ____/____/____

Printed Name: ___________________________________________ Phone: (______)_______________________

Address: ___________________________________________ Fax: (______)_______________________
III. TUBERCULOSIS SCREENING - To be completed by the LICENSED HEALTH PROFESSIONAL (M.D., P.A., N.P., R.N., L.P.N.) PERFORMING THE EVALUATION ONLY. Licensed health professional must sign and date.

The following are the revised tuberculosis screening requirements at Virginia State University. These are revised to reflect the updated recommendations published by the CDC. Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR November 2005; 54 (No. RR-12): 4-5.

Please answer all questions and sign below.

PPD IS ONLY REQUIRED IF ANY OF THE FOLLOWING RESPONSES ARE YES.
(Licensed health professional must sign and date)

Name ________________________________________________________________________________________________________

Last First MI
Student V#___________________________________________

All answers must be indicated on this form before it is considered complete, incomplete forms will be returned.

1. Traveled to Asia, Africa, Latin America, Eastern Europe, or Russia within the last 5 years?
   □ Yes  □ No

2. Has the student had close contact with persons known or suspected of having tuberculosis?
   □ Yes  □ No

3. Volunteered, been employed or been a resident of a correctional institution, nursing home, mental institution, homeless shelter or other long-term care facility serving high-risk clients?
   □ Yes  □ No

4. Has the student been exposed to a household contact that meets any of the criteria numbers 2-5?
   □ Yes  □ No

5. Was the student born outside of the United States?
   □ Yes  □ No

Date of PPD: _____/_____/_____
Date of reading: _____/_____/_____

Result:__________mm (provide actual size in mm, not just positive/negative) (Within last 12 months)

• If PPD, past or present, is positive-Chest x-ray is REQUIRED within the last 12 months:

   Result:____________________________________________________________________________________________

• Treatment (medication prescribed and duration of treatment) ______________________________________________________

• Any follow-up recommendations? ____________________________________________________________

Examiner’s Signature ____________________________________________________________ Date _____/_____/_____
**IV. MENINGITIS & HEPATITIS B VACCINE INFORMATION**

Name __________________________________________________________

________________________________________________________

Student V# __________________________

Last First MI

Date of Birth: _____/_____/_____

**Meningitis**

Meningitis is an infection of the fluid of the spinal cord and brain, caused by a virus or bacteria and usually spread through exchange of respiratory and throat secretions (i.e., coughing, kissing). Bacterial meningitis can be quite severe and may result in brain damage, hearing loss, or learning disability. A vaccine is currently available that effectively provides immunity for most types of bacterial meningitis, the more serious form, but there is no vaccine for viral type.

**Waiver of Liability:**

I have received and read the information pertaining to meningitis. Despite the fact that I understand the risks involved, I refuse to receive the meningitis vaccine.

________________________________________________

Date: _____/_____/_____

Signature of Student (or parent/legal guardian, if under 18 years of age)

________________________________________________

Date: _____/_____/_____

Signature of Witness

**Hepatitis B**

Hepatitis B is a viral infection of the liver caused primarily by contact with blood and other body fluids from infected persons. Hepatitis B vaccine can provide immunity against hepatitis B infection for persons at significant risk, including people who have received blood products containing the virus through transfusions, drug use, tattoos, or body piercing; people who have sex with multiple partners or with someone who is infected with the virus; and health care workers and people exposed to biomedical waste.

**Waiver of Liability:**

I have received and read the information pertaining to hepatitis B. Despite the fact that I understand the risks involved, I refuse to receive the hepatitis B vaccine.

________________________________________________

Date: _____/_____/_____

Signature of Student (or parent/legal guardian, if under 18 years of age)

________________________________________________

Date: _____/_____/_____

Signature of Witness

**Note:** Virginia State University assumes no liability for individuals electing not to be vaccinated for Meningitis or Hepatitis B.

ALL SECTIONS OF THIS FORM (I, II, AND III) MUST BE COMPLETED AND RETURNED TO THE STUDENT HEALTH CENTER. INCOMPLETE FORMS WILL BE RETURNED.
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The Alma Mater
Words by Felicia D. Anderson, 1923

O, the warm mellow sunlight is shining
And the trees like great sentinels stand;
They are guarding our dear Alma Mater
The pride of Virginia’s Land.

Alma Mater, O Mother so tender,
Thy children beloved gather here
To drink from thy fount clear and sparkling
And breathe thy pure atmosphere

Forth we go to the world to do service
Thy lofty command to fulfill
“With they light, go dispel all darkness
And thus do thy Father’s will”

Live on, Live on! Alma Mater,
To Thee we shall always be true;
Our vows we shall pay unto heaven,
And Thee, our Orange and Blue.

Chorus:
Hail State! Hail State! Hail, Hail, Hail!
We’re loyal sons and daughters true to Orange and Blue;
Our hearts beat warm with love for Thee
Though near or far from Thee we be!
Virginia State, Virginia State, Hail, Hail, Hail!

The Evening Song
Composed by Alston Waters Burleigh, 1930

Far above the Appomattox,
On its lofty hill,
Stands the school we love so dearly,
And we always will;
Though the years may come between us,
Still whatever our fate,
We will keep thy song before us.
Hail Virginia State.

Refrain:
Carry me back to Alma Mater,
Their stand the tree and the temples we adore,
Life’s sweetest song we will sing to our Mother,
Hail to Virginia State our home forever more.

Keep our aim and purpose steadfast,
Thru the darkest night,
Lead us on to full achievement,
By they guiding light;
Then when we fulfill our mission,
Be it small or great,
We will sing they praise forever.
Hail Virginia State.
Follow us and post a picture of yourself with the hashtag #VSUbound
Connect with other future TROJANS!!