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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
NEXT STEPS  FIRST-TIME FRESHMEN AND TRANSFER STUDENTS

You have applied and were admitted! Now, you will take the following 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 semester 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 entirely 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 - 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 been posted to your account.
STEP 2 - ACCESS BANNER STUDENT SELF-SERVICE

After your enrollment fee has been 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 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 3 - ACTIVATE STUDENT E-MAIL & ACTIVE DIRECTORY

Your student E-mail is the best way to communicate with all Faculty and Staff at the University. It is vital to staying connected with the university and keeping up with information regarding registration, financial information, and events on campus. Go to www.vsu.edu/trojanlink/student-email-system.php to activate. All university communication will be sent to the student E-mail account.

The Active Directory (AD) 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.
STEP 4 - REGISTER FOR OPEN HOUSE AND 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.

**Open House**
March 15-17
April 9

**Summer Orientation**

TIP Session I - June 21  
TIP Session II - June 23  
TIP Session III - July 7  
TIP Session IV - July 14  
TIP Session V - July 19  
TIP Session VI* - July 20  
*(Transfer students with 30+ credits)*
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 2 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 financial aid, including grants, scholarships, work-study, and loans, you will need to complete the Free Application for Federal Student Aid (FAFSA).

Be sure to include VSU school code (003764) on your FAFSA and your social security number on your admissions application, so we can prepare a financial aid award letter notification.

There are many free resources to help you. Visit the VSU Financial Aid webpage at www.vsu.edu/financial-aid for more information.
STEP 7 - RETURN HEALTH FORMS

Every new full-time student entering Virginia State University is required to provide the Health Evaluation Forms prior to enrollment. The forms are included in this guide. Please complete the forms with all required documents and submit to Student Health Services through the VSU Medicat secure online portal at: https://vsu.medicalconnect.com or mail documents to: Student Health Services, P.O. Box 9082, VSU, VA 23806.

Be sure to retain a copy for your records. The completed form is due by June 1st for the fall term and by Dec. 1st for the spring term.

STEP 8 - SUBMIT FINAL TRANSCRIPTS AND TEST SCORES

To complete the enrollment process, submit your final high school or college transcripts 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 dual enrollment credits (DE), send the test score report(s) and/or college transcript to Admissions prior to attending Orientation.

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.
TRANSFERS STUDENTS WITH 30 OR MORE CREDITS

As a transfer student, you have an idea of how the college environment and financial aid process works. Now you will take the next steps to begin your first semester at VSU.

ARTICULATION OF CLASSES

Articulation is the process of adding your eligible college credits to your VSU academic record. This process may take up to 3 - 5 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 will not evaluate and articulate courses to add to your academic record based on an unofficial transcript. Courses eligible for articulation include 100-level or greater courses with a grade of “C” or better. Remedial and developmental courses are ineligible.

Transfer courses should be articulated prior to registering for classes to minimize course repeats.

After the articulation process, transfer students with 30 credits or more will be advised by their departmental advisor.
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
VSU is in the (804) area code and most numbers on campus begin with 524-xxxx. If you do not know a number, 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</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:fjohnson@vsu.edu">fjohnson@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:sao@vsu.edu">sao@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:Shealthcenter@vsu.edu">Shealthcenter@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>
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 Medcat Online Portal at: https://vsu.medcatconnect.com

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

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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 ID 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 healthcare provider

Section IV - Meningitis & Hepatitis B Vaccine Information

- Name and V#
- Signature and date of 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 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 Name First Name MI

Student V# _________________________ VSU Sport (if applicable) ______________________

Home 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 ____________________________ Apt ____________ City ____________ State _______ Zip Code _______

Name of Insurance Company: ____________________________ Subscriber: ____________________________

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

Policy Number: ____________________________ Address: ____________________________

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 ____________

Gastrointestinal Disorder ____________ Lung Disease ____________ Seizure Disorder ____________

FAMILY HISTORY: Circle if the 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 OR OLDER
Virginia law requires parental permission in order to provide medical or surgical care to minors. Parents/legal guardians 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 of Student
# Health Evaluation Form - Section II

## 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.

### Name

Last

First

MI

Student V#________________________

Date of Birth:______/______/_____

<table>
<thead>
<tr>
<th>Date of last dose or booster</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POLIO</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary series</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIPHTHERIA/TETANUS/PERTUSSIS (DPT)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Within ten years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TETANUS TOXOID/DIPHTHERIA (Td) or Tdap</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial dose after 1st birthday (unless born prior to 1957)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Given at least 1 month after dose 1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please provide copy of report</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MMR TITER</strong></td>
</tr>
</tbody>
</table>

### REQUIRED OR WAIVER

<table>
<thead>
<tr>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEPATITIS B</strong> or <strong>TWINRIX</strong> (Circle one)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENINGOCOCAL VACCINE</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Booster if 1st dose before 16th birthday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENINGOCOCAL VACCINE BOOSTER</strong></td>
</tr>
</tbody>
</table>

### RECOMMENDED

<table>
<thead>
<tr>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEPATITIS A</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HPV: HPV4</strong> or <strong>HPV9</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After 1st birthday and ≥ 21 days apart OR date of disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VARICELLA (Chicken Pox)</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENINGITIS B</strong> (dose 1)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date before 16th birthday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENINGITIS B</strong> (dose 2)</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: (______)_____________________

**VSU**

**Virginia State University**
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 ______________________________________________________ Student ID ______________________
Last  First  MI

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 ______/_____/______
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.