02 - Message from the President
03 - Next Steps for New Students
08 - Transfer & Articulation
11 - University Directory
12 - Health Evaluation Forms
17 - VSU Alma Mater
18 - The Evening Song
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 - 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’s 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 Activate My Account for instructions to activate your account. Fall 2024 students won’t be able to activate their VSU email until after Dec. 10, 2023.

STEP 3 - ACCESS BANNER 9 STUDENT SELF-SERVICE

After your enrollment fee has been posted to your account, you will be able to access Banner 9 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. Login with your Active Directory Credentials (See step 2 for instructions).
5. Click “Student, Housing, and Financial Aid” to access your account information
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 23, 2024

**Summer 2024 Orientation**
TBA
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.medicatconnect.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. ROBERT N. CORELY,
INTERIM DEAN
RCORELY@VSU.EDU
804.524.1890

THE REGINALD F. LEWIS
COLLEGE OF BUSINESS

DR. EMMANUAL 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
ACADEMIC COLLEGES

COLLEGE OF ENGINEERING & TECHNOLOGY

DR. DAWIT HAILE, DEAN
CAMPUS P.O. BOX 9392
DHAILE@VSU.EDU
804.524.5285

COLLEGE OF HUMANITIES & SOCIAL SCIENCES

DR. ISIS WALTON, INTERIM DEAN
CAMPUS P.O. BOX 9401
IWALTON@VSU.EDU
804.524.5930

COLLEGE OF NATURAL & HEALTH SCIENCES

DR. DERICK SCOTT, DEAN
CAMPUS P.O. BOX 9392
DSCOTT@VSU.EDU
804.524.5969
**UNIVERSITY CONTACTS**

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

Section I - Health History
- Health History
- Student Identification Number (VIP)
- 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?
- Td and 2nd MMR - Both dates are required.
- Tetanus/Diphtheria/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 injection)
- 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 VIP
- 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 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: (______) ______________________
________________________ 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 ___________________________
Anemia ______________________________ Heart Disease ____________________________
Asthma ______________________________ Heart Murmur ____________________________
Bleeding Disorder _____________________ Hepatitis or Liver Disease _____________________
Cancer or Malignancy _________________ High Blood Pressure _______________________
Chickenpox __________________________ HIV _________________________________
Diabetes ______________________________ Kidney Infection or Stone ___________________
Gastrointestinal Disorder ______________ Lung Disease __________________________

Sexually Transmitted Disease _____________________________ SubSTANCE/Alcohol Abuse _____________________________
Psychological Problems _____________________________ Rheumatoid Arthritis _____________________________
Rheumatic Fever _____________________________ Sickle Cell Trait _____________________________
Sickle Cell Disease _________________________ Seizure Disorder _________________________
Visual Impairment _____________________________ Other ________________________________
Other ________________________________

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

Allergies _____________________________ Cancer _________________________________
Anemia ______________________________ Diabetes ______________________________
Asthma ______________________________ Eye Disorder __________________________
Bleeding Disorder _____________________ Heart Disease _________________________

Sudden Death _____________________________ Lung Disease _______________________
Psychiatric Disorder ____________________ Ulcer ________________________________
Stroke ________________________________ Other ________________________________

FOR SIGNATURE OF PARENTS/LEGAL GUARDIANS OR STUDENT 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.

For Signature of Parent(s)/Legal Guardian:

_________________________ _____________________________
 FirstName ___________________________ LastName ___________________________

Date _____________________________

Print Name _____________________________ Signature _____________________________

FOR SIGNATURE OF STUDENT (18 YEARS OLDER)

____________________________________________________________________

For Signature of Student:

_________________________ _____________________________
 FirstName ___________________________ LastName ___________________________

Date _____________________________

Print Name _____________________________ Signature _____________________________

(Additional comments or notes can be included on page 2 if needed.)
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: __________________________________________________________________________

Parent/Guardian of Student

Date: ______/______/_______
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 ___________________________________________ Student # _______________________

Date of Birth: ______ / _____ / ______

<table>
<thead>
<tr>
<th>REQUIRED IMMUNIZATIONS</th>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLIO date of last dose or booster</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIPHTHERIA/TETanus/PERTUSSIS (DPT) completed primary series</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TETanus TOXoid/DIPHTHERIA (T) or Tdap within ten years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (dose 1) Initial dose after 1st birthday (unless born prior to 1957)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR (dose 2) Given at least 1 month after dose 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or MMRTITER Please provide copy of report</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Printed Name: ___________________________________________
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 # __________________________
 ___________________________________________ First _
 Last _

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.