

SAMFORD UNIVERSITY

Enrollment Confirmation

The entering class must be limited to support an optimum living and learning environment at Samford. To reserve your space in the next freshman class and to indicate your intent to enroll at Samford, this form must be completed and returned with a \$250 nonrefundable deposit made payable to Samford University. The deposit is applied to first-term costs. An eligible student will be appropriately confirmed to attend Samford when this form and the deposit have been received in the Office of Admission and may not enroll if the deposit is not paid. Deposits will be accepted until May 1. After May 1, eligible students will be placed on a wait list. Students will be chosen from the wait list as space becomes available.

Print Legal Name _____ Preferred Name _____

Social Security Number _____ E-mail _____

Home Phone _____ Cell Phone _____

Home Address _____

Primary Emergency Contact _____ Phone _____

Signature _____ Date _____

Please submit with the \$250 nonrefundable enrollment deposit. ' Check ' Visa ' MasterCard ' Discover

Credit Card Number _____ Name of Cardholder _____
(as it appears on card)

Expiration Date _____ Code _____ Cardholder Signature _____
(three- or four-digit code in signature panel)

Detach Here

Housing

Unmarried undergraduates 20 years of age and under are required to reside in university housing unless they live at home with a parent or guardian.

I plan to enter Samford ' Fall ' Spring ' Summer 20 _____

Date of Birth: Month _____ Day _____ Year _____ ' Male ' Female

Housing Status:

- ' I need to be placed in a residence hall.
- ' I will live with my parents.

Signature _____ Date _____

Mail to: Office of Admission
800 Lakeshore Drive
Birmingham, AL 35229
www.samford.edu/admission

Office Use Only

Office use only

Deposit received ' Receipt number _____ Received by _____

NEXTSTEPS

Start Now

- Make a Samford folder to help you keep up with all the correspondence you will receive in coming weeks and months from us.
- You will receive your new **Samford e-mail username and password** in the mail soon. Keep this information in your Samford folder. Begin using the new account online at portal.samford.edu.
- If your contact information (address, e-mail address, phone number, etc.) changes, please let us know as soon as possible.
- Meet other admitted students by joining the **Samford Freshman Class Facebook Group**. Instructions will be sent to the e-mail address on file in the Office of Admission.
- Go to **www.fafsa.ed.gov** to learn more about the Free Application for Federal Student Aid [FAFSA] and complete the form online. The form is available to file beginning in January with a priority filing deadline of March 1.
- When your college decision is made, please make us aware of your selection.

Enroll at Samford

- **Enrollment Confirmation Form:** Read and complete the Enrollment Confirmation Form.
- **Orientation:** All incoming freshmen must attend a Freshman Orientation Session. During this event, you and your parents will receive information from students, faculty and staff members about your transition to Samford. You also will meet your academic adviser and register for classes. Instructions regarding online registration will be sent by mail beginning in April to those students who have completed the Enrollment Confirmation Form and submitted the deposit. Be sure to register at least two weeks before the session you wish to attend. Sessions are filled on a first-come, first-served basis, with a 175-student limit.
- **Connections:** Attend Connections, a continuation of orientation that occurs the weekend before classes begin in the fall. This event is designed to provide opportunities and information for first-year students to help them succeed both academically and socially at Samford. The first day of Connections is move-in day for freshmen.
- **Immunization Record:** Complete the enclosed Immunization Record (residential students also must submit the Residence Life Health Form) and send to Student Health Services before attending orientation, no later than August 1.



Dear Student:

Congratulations on your acceptance to Samford University! The staff of Student Health Services is pleased to welcome you to Samford.

Carefully review the enclosed two-sided form. The university requires all students to submit this Immunization Record. The completed form is due before registration and is considered delinquent if not received in its entirety within two weeks of the first day of class. The record must be signed by a health-care provider or include a health department stamp. Failure to submit this documentation within two weeks of the first day of class will result in a \$150 fine and a registration hold on your record.

In addition to the Immunization Record, all undergraduate students living in university housing are required to submit the Residence Life Health Form. The necessary physical examination and laboratory work must be within 12 months of submission and will be accepted only on the Residence Life Health Form provided. The due date for submission of a completed Residence Life Health Form and Immunization Record for undergraduate students living in university housing is August 1. All students living on campus must meet these requirements. Please note that if you are a student-athlete, your athletics physical will not be accepted in lieu of the enclosed form. Students will not be permitted to take up occupancy in the residence halls until the Residence Life Health Form and Immunization Record have been received in their entirety.

Return the completed forms to: Student Health Services
Samford University
800 Lakeshore Drive
Birmingham, AL 35229

Before mailing the forms, please make a copy for your personal records. If you have any questions regarding this university policy, please call 205-726-2835. We look forward to having you on campus.



IMMUNIZATION RECORD

Required of all students

Name: _____ SSN: _____

Last First MI Preferred name

Address: _____

Street City State Zip

Date of Birth: ____/____/____ Enrolling: ____ Year Fall Jan Term Spring Summer

M.M.R. (Measles, Mumps and Rubella)

Born before 1957, no immunization required

MEASLES: (Rubeola) Two doses required OR positive *immune titer.

MUMPS: One dose required OR report of positive *immune titer.

RUBELLA: One dose required OR report of positive *immune titer.

M.M.R. (Measles, Mumps, Rubella)	#1 ____/____/____ month/day/year	#2 ____/____/____ month/day/year
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OR

Measles	#1 ____/____/____ month/day/year	#2 ____/____/____ month/day/year	Titer results and date _____ *attach report copy
Mumps	#1 ____/____/____ month/day/year	Titer Result and date _____ *attach copy of titer report	
Rubella	#1 ____/____/____ month/day/year	Titer results and date _____ *attach copy of titer report	

TETANUS-DIPHThERIA

Tetanus Diphtheria Booster <i>within the last 10 years</i>	____/____/____ month/day/year
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TUBERCULOSIS SCREENING

1. Does the student have signs or symptoms of active tuberculosis disease?

Yes [] No [] **If No, proceed to 2.**

If yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

2. Is the student a member of a high risk group* or is the student entering a health profession? Yes [] No [] **If No, stop. If yes, proceed to 3.**

3. PPD Skin Test (Mantoux): **Must be within the past 12 months.**

Date Given: ____/____/____ Date Read: ____/____/____ Results: (mm induration) _____ **If positive, proceed to 4.**

4. Chest x-ray (required if PPD is positive) Date of Chest x-ray: _____ Results: Normal [] Abnormal []

*High risk students include those who have arrived within the past 5 years from any country EXCEPT: Western Europe, Canada, Australia or New Zealand. Additional high-risk categories include those with HIV infection or other immunosuppressive disorders, h/o IV drug use, or those who have resided in, or worked in high-risk congregate settings such as prisons, shelters, hospitals, nursing homes, etc.

REQUIRED OF ALL FRESHMEN LIVING ON CAMPUS (In addition to the above)

VARICELLA (Chickenpox) Date of disease OR Vaccination

MENINGOCOCCAL

Date of Disease	____/____/____ Month Year	
Immunization	#1	#2
	____/____/____ Month Day Year	____/____/____ Month Day Year

Immunization	____/____/____ Month Day Year
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REQUIRED OF ALL PHARMACY, NURSING AND ATHLETIC TRAINING STUDENTS; Recommended for all students

HEPATITIS B

#1	#2	#3	Hepatitis B Surface Antibody	____/____/____ Month Day Year	RESULT: [] Reactive [] Non-Reactive
____/____/____ Month Day Year	____/____/____ Month Day Year	____/____/____ Month Day Year			

THIS RECORD MUST BE SIGNED BY A HEALTH CARE PROVIDER (Health Department stamp acceptable)

MD/PA/NP/RN Signature: _____ Date: _____

Print Name: _____ Phone: () _____

Address: _____

**RETURN THIS FORM TO: Samford University Student Health Services
800 Lakeshore Drive • Birmingham, AL 35229**

**IMPORTANT: Make a copy of
this record for your personal files**

Detach Here

RESIDENCE LIFE FAQ

How and when do I apply for housing?

A housing file will be created for you after you confirm your acceptance of admission by returning the Enrollment Confirmation Form (enclosed in this packet) with payment of the required \$250 deposit. A housing application form will be sent to you at that time, which you will need to complete and return as soon as possible.

When are rooms and roommates assigned?

Specific room and roommate assignments are made in July preceding the fall term. This allows students who meet at summer orientation the opportunity to request each other as roommates. It also minimizes the number of revisions that have to be made due to changes in prospective students' plans. You will receive your room and roommate assignments in early August, including each student's home address and phone number.

What determines my priority placement for room assignment?

By returning the Enrollment Confirmation Form and paying the required \$250 deposit, your Samford enrollment is confirmed. The date of your confirmation determines your priority placement. If you request a specific roommate, the earlier of the two priority dates will be used. Certain students with special needs, such as disabilities or medical conditions, may be given higher priority consideration.

What housing is used for entering freshmen?

The majority of freshmen are housed in the central campus housing area, including Vail, Pittman and Smith halls. In the event of overflow, late applicants may be housed in other halls throughout campus.

Can I decorate and personalize my room?

Students are allowed to personalize their rooms within certain limitations. Both residents should agree on how the room is to be decorated to reflect personalities and tastes. The limitations placed by Samford generally prohibit anything that causes permanent change or damage to the room. Decorations should be in keeping with Samford values. You must secure approval from Residence Life for any decoration or personalization that you plan to make in your room.

What personal items may I bring?

You will receive a list of items you may bring at orientation and when you receive your room assignment confirmation in August. Items such as small refrigerators, microwaves, TVs and stereos are permitted. Remember, however, that space is limited. Coordinate with your roommate so as not to bring two of each of the above items. Freshmen are allowed to have cars at Samford.

What is furnished in each room?

Each student is provided with the following furnishings: a standard twin bed, chest of drawers, desk or writing table with lamp, desk chair and closet space. Students may not substitute personal furniture for these items. Furniture may not be moved from room to room, or from the lobbies and public areas of residence halls. Phone connections and computer (high-speed Internet) ports also are provided for each student.

I still have questions.

Feel free to contact us with additional questions.

Samford University
Residence Life Department
P.O. Box 292267
Birmingham, AL 35229
205-726-2956
www.samford.edu/reslife



RESIDENCE LIFE HEALTH FORM

Required of all residential students

Name: _____ SSN: _____

Last

First

MI

Preferred name

Date of Birth: ____/____/____ Sex: F [] M []

Medical Insurance Company _____ Group No. _____

Policy No. _____ Pre-certification required? No Yes () _____

In Case of Emergency

Notify: _____

Name

Relationship to student

Home phone (with area code)

Alternate phone (with area code)

**TAPE
PICTURE
HERE**

Authorization and Consent:

By signature, I verify that the information provided on this form is true. I hereby agree that Samford University Student Health Services may evaluate and treat all injuries or illnesses for which help is sought as deemed necessary by duly licensed personnel, including immunizations and therapeutic procedures. In the case of a minor student (under the age of 19), this treatment may proceed without prior notification of the undersigned parent or guardian.

Date _____ Signature of Student _____

Signature of minor's parent/guardian _____

PHYSICAL EXAMINATION

Age	Wt.	Ht.	Pulse	B/P	Urinalysis (required)	Hemoglobin: (required) OR Hematocrit:
Contact Lenses	[] yes [] no				Alb: _____ Glucose: _____ Blood: _____	
Glasses	[] yes [] no				Visual Acuity: OD 20/____ OS 20/____	[] Corrected [] Uncorrected

PLEASE EXAMINE AND COMMENT ON THE FOLLOWING SYSTEMS:

	Normal	Abnormal	Remarks or additional information
Head, Eyes, Ears, Nose and Throat			
Respiratory			
Cardiovascular			
Gastrointestinal			
Genitourinary			
Hernia			
Musculoskeletal			
Neuropsychiatric			
Skin			
Metabolic / Endocrine			
Organ loss or impairment			

Drug Allergies: _____ Current Medications: _____

Past Medical History: _____

Past Surgical History: _____

Is the patient currently under treatment for any medical or emotional condition? [] No [] Yes If so, please comment below.

Signature of Physician/Physician Assistant/Nurse Practitioner

Date of Examination

Print Name of Physician/Physician Assistant/Nurse Practitioner

Must be within one year of entrance date.

Address

() _____
Phone

**COMPLETE BOTH SIDES AND RETURN TO: Samford University Student Health Services
800 Lakeshore Drive • Birmingham, AL 35229**

Detach Here

SAMFORDCONTACTS

Important Telephone Numbers

Key offices and phone numbers for admitted applicants

Department	Toll-Free	Local	Subject
Office of Admission	1-800-888-7218	205-726-3673	Admission counseling Application file status Merit-based scholarships
Office of New Student Orientation and Campus Visits	1-800-888-7218	205-726-3673	Campus visits Orientation programs
Office of Financial Aid	1-800-888-7245	205-726-2905	FAFSA Need-based aid Stafford and PLUS loans Scholarships Employee Tuition Benefit Late disbursements
Bursar's Office	1-800-888-7214	205-726-2816	Student accounts and billing Payment options
Counseling and Disability Support Services		205-726-2105	
Loan Office	1-800-888-7214	205-726-2773	Perkins Loans Health Professional Loans Institutional loan disbursements
Office of Athletics		205-726-2966	Information concerning all 17 NCAA Division I teams
Office of Freshman Life		205-726-2216	
Office of Residence Life		205-726-2956	Housing options and policies Meal plan adjustments
Office of Student Records	1-877-726-2911	205-726-2911	College transcript evaluation Transfer credits
Student Health Services		205-726-2835	Health forms
University Ministries		205-726-2927	

CODE OF VALUES

Preamble

We as the Samford University community affirm the value of a peaceful and purposeful community, founded on the moral and ethical integrity of student and faculty. We commit ourselves to the Christian values on which Samford University was founded. We expect that our commitment to mutual responsibility and a spirit of cooperation will create a community that is orderly, caring and just.

Worth of the Individual

We value the intrinsic worth of every individual in the community. Our respect for other individuals includes an appreciation of cultural backgrounds different from our own, an understanding of different attitudes and opinions, and an awareness of the consequences of our actions on the broader community.

Self-Discipline

We value personal responsibility and recognize the individual's need for physical, intellectual, spiritual, social and emotional wholeness. We value the full development of every student in terms of a confident and constructive self-image, of a commitment to self-discipline, and of a responsible self-expression.

Academic Integrity

We value a campus community that encourages personal growth and academic development in an atmosphere of positive Christian influence. We affirm the necessity of academic standards of conduct that allow students and faculty to live and study together. We value the fair and efficient administration of these standards of conduct.

Respect for Property and the Environment

We value the rights and privileges of owning and using property, both personal and University, and the benefits of preservation and maintenance of property and of our natural resources. In our stewardship of property we recognize the accountability of our actions to the future of the Samford community.

Respect for Community Authority

We value our privileges and responsibilities as members of the University community and as citizens of the community beyond the campus. We value the community standards of conduct expressed in our system of laws and value the fair administration of those laws, including University, municipal, state or federal laws.

Allegiance to the values obligates the Samford University student to refrain from and discourage behaviors that threaten the freedom and respect every individual deserves.