



MEREDITH
COLLEGE

Raleigh, North Carolina

enrollment handbook
2013-14



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Welcome!

Congratulations again on your acceptance to Meredith College—we look forward to having you join our community.

Now that you've been admitted to the College, it's time to enroll. This booklet contains the forms you will need to complete to enroll in the College. Please take note of the deadlines for the forms, and contact us if you have any questions about the enrollment process. You can reach us at 1-800-MEREDITH or (919) 760-8581 if you have questions.

Check out our accepted students page at www.meredith.edu/admissions/accepted_students. You'll find links to our Enrollment Handbook and other forms and learn more about the Meredith experience

Over the coming months, expect to hear more from us and from other offices on campus as we share news about special programs, events and offerings.

See you in August!
The Office of Admissions

residence life

Freshmen and sophomore students under the age of 23 are required to live in residence halls or may reside off campus with their parents, spouses or (with special permission) another close relative.

The Residence Life staff provides services that will enrich the quality of life for Meredith students. Community building opportunities for intellectual, physical, social, emotional, spiritual and professional growth are a part of this living/learning environment. Listed below is important residence hall information. Please complete and return the Housing Request Form (see page 11) as soon as possible, but no later than June 1.

RESIDENCE HALL INFORMATION

- Room and board fees cover all utilities, internet access, services in the Health Center and a full meal plan.
- Room assignment letters are mailed the 1st week of July.
- Automatic washers and dryers are available in every residence hall. The cost of laundry is included in room and board fees.
- Parlors are located on each floor of the residence hall for the enjoyment and use of each resident.
- Microwaves are available on each floor.
- Students are allowed to have one refrigerator per room (4.5 cubic feet maximum).
- Each student is provided a standard twin-size bed, dresser, desk, chair and closet. Each room has a full-length mirror.
- Meredith provides private telephone service to each room. There is no installation charge or monthly service charge. Students receive discount long-distance service through Windstream. Individualized monthly statements are provided by Windstream and charges are payable directly to Windstream.
- All student rooms are wired for cable television. Arrangements for premium channel boxes (HBO, Cinemax) can be made with Time Warner once students move into their rooms.
- Each student needs to bring her own bedding, including mattress cover and pillow. Mattress size is standard twin.
- Ironing boards are provided for students to use. Students must supply their own irons, which may be used and stored in the ironing/laundry room.
- Extension cords are not allowed. Students may use power strips that have a circuit breaker.
- All residence halls are air conditioned.
- Every residence hall has soda and snack machines.
- The campus post office is located in the Cate Student Center. Here students can pick up their mail, purchase stamps and send packages.

FRESHMEN INFORMATION

- Most freshmen rooms measure approximately 11' x 16'. More specific room information will be mailed with each student's room assignment.
- Each room has a pair of windows with adjustable blinds.
- Resident rooms, with the exception of 4th floor rooms and the lower level of Poteat Residence Hall, are suite-style rooms. Suites are two double rooms joined by a bathroom, which is shared by all four residents.
- 4th floor Barefoot and ground floor Poteat have community style bathrooms. Additionally, 4th floor Barefoot rooms are triple rooms and have three students each.
- Freshmen students are permitted to have cars on campus. Parking on campus is by permit only. Incoming students will receive parking information in July through the mail. Parking permit applications are due by August 1, 2013. If you do not receive parking information, you can contact Parking Services at (919) 760-8888.

life on campus

Meredith will be your new home away from home. Listed here are some of the services available to you—for more information, visit meredith.edu.

BANKING

Several banks are located near the Meredith campus. Students may cash personal checks in the Meredith Supply Store. There also is a Wells Fargo automated teller machine in the Cate Student Center.

CAMCARDS

The CamCard is a student identification card, a debit card, a meal card and a residence hall entrance card. Freshmen are issued the CamCard at Advising & Registration events in the summer and all other students are issued the CamCard during orientation. To use the CamCard as a debit card, the student applies money to her student account. She may then use the CamCard for purchases in the snack bar, supply store, vending machines and for making photocopies.

FOOD SERVICES

The room and board fee paid by resident students includes the cost of three meals a day in the College dining hall. Commuting students may apply

cash to their accounts and use the CamCard to purchase dining hall and snack bar meals or they may purchase a commuter meal plan.

HEALTH SERVICES

A campus physician, physician assistant and two registered nurses are on staff at Carroll Health Center to treat minor ailments and to coordinate care in times of medical emergency. The Counseling Center offers students a safe place to work through individual challenges they may face.

OFF-CAMPUS SERVICES

A small shopping center located behind the Meredith campus provides students quick access to an organic grocery store, a drug store, a book store, a dry cleaning establishment, and several restaurants. The CAT bus service, which makes regular stops in front of the campus, provides transportation to attractions in other parts of the city, including Crabtree Valley Mall and downtown Raleigh.

CAMPUS SAFETY

The College is protected 24-hours-a-day by campus police and security officers. Using radio equipment for quick communications, these officers patrol the campus, investigate complaints, regulate traffic, control parking, and lock all buildings on campus at specified hours in the evening. Although Meredith provides these services, each student assumes responsibility for her own safety.

ACADEMIC AFFAIRS AND STUDENT SERVICES

Meredith offers a wide range of services to assist each student in developing her various capabilities. These academic and personal development experiences are coordinated under the leadership for academic programs and college programs.

TECHNOLOGY SERVICES

Technology Services provides a wide range of services to all Meredith students, including online registration, computer labs, classroom equipment and training classes throughout the semester.

financial services

Meredith is committed to partnering with students and families to make education affordable.

For more information, visit meredith.edu/financial_assistance.

TUITION

The College's Board of Trustees sets the tuition at their Spring meeting. Soon after, you will receive tuition information for the next year. Tuition is due on August 1, 2013. A monthly payment option is available.

Tuition bills will be emailed to your Meredith email address in early July.

MONTHLY PAYMENT OPTION

For students and parents wishing to pay educa-

tional expenses in monthly installments, a low-cost deferred payment program is available from Tuition Management Systems, (800) 463-6994, www.afford.com. Information will be included with the fall tuition bill, which is sent in July.

FINANCIAL ASSISTANCE

To be considered for State, Federal and Meredith's need-based financial assistance, your family must complete the Free Application for Federal Student Aid (FAFSA) at www.FAFSA.ed.gov. Make sure to indicate our school code #002945 on the form.

Meredith's FAFSA priority filing date is February 15, 2013.

LOAN OPTIONS

Parent Loan Undergraduate Students (PLUS) and alternative student loans can be used to cover any educational expenses not covered by other forms of financial aid. The maximum amount requested from educational lenders is Meredith's annual cost minus other financial assistance.

Deposit Form

Your \$100 deposit* is due as follows:

- on December 15 if you are an Early Decision candidate;
- on May 1 (or by the date specified in your acceptance letter if you have been admitted later than April 22) if you are a Regular Decision candidate.

* This \$100 deposit must be received in the Office of Admissions to properly credit your account.

To help reflect the payment in your records correctly, please do the following:

1. Provide all information requested on this form.
2. Attach a check or money order payable to Meredith College.
3. Mail the form and attached check or money order to:

Meredith College
Office of Admissions
3800 Hillsborough Street
Raleigh NC 27607-5298

If you are enrolling as a resident student, the payment serves as a room deposit; if as a commuting student, it allows us to place your name on the list of students eligible to register. The payment is non-refundable but will apply toward your fees for the first semester of your enrollment.

Please complete the following:

Name _____

Mailing Address _____

City/State/ZIP _____

Email _____ Telephone # _____

Residence Status: Residence Hall Commuting

Intended Term of Entrance: January August

Classification: Freshman Transfer Re-Admit 2nd Baccalaureate Degree Conditional 23+

For Early Decision candidates only:

I accept the offer of admission and plan to enroll at Meredith College in August 2013. (In compliance with the Early Decision Plan agreement, I have now withdrawn my applications for admission (if any) that I filed with other colleges.)

Signature _____ Date _____

Upon completion use enclosed envelope to return form to:

Meredith College
Office of Admissions
3800 Hillsborough Street
Raleigh, NC 27607-5298

Be sure to complete and return the Photography Release Form found on the reverse side of the Deposit Form.

Photography Release Form

*Photographers and videographers will be photographing and filming Meredith College students', guests' and visitors' activities **throughout students' undergraduate and graduate years**. The photos and videos may be used in various Meredith publications and presentations, including brochures, advertisements, magazines, newspapers, and online features, to promote Meredith and its programs and events.*

By signing below, I hereby voluntarily and irrevocably grant to Meredith College, its officers, employees, trustees, faculty, licensees, successors and assigns (collectively "Meredith") the right to (1) take or use any and all photographic images, video or audio recordings and/or multi-media that may contain my name, image, likeness, voice, and statements (collectively, "Photos"); and (2) use, re-use, copy, modify, adapt, distribute, publish, display, perform, exhibit, create derivative works from and otherwise exploit such Photos in perpetuity, in any media, by any means, methods and technologies now or hereafter known, including by posting on the Internet, for Meredith's educational, marketing, promotional, and other business purposes.

I understand and agree that the Photos may be used with or without identifying me, or any other form of attribution and that I will receive no payment or other consideration for posing or allowing Meredith to use the Photos.

I hereby voluntarily waive any and all rights to inspect or approve use, distribution, transfer, display or other exploitation of the Photos, and to any royalties, proceeds or other benefits derived from the Photos.

I hereby voluntarily release and discharge Meredith from, and shall neither sue nor bring any other proceeding against Meredith for, any claim or cause of action, for defamation, violation of any moral rights, invasion of right to privacy, publicity or personality or any similar matter, or based on or relating to any use, publication, distribution or other exploitation of the Photos.

This release is effective on the date written below and will remain in effect indefinitely unless otherwise agreed in writing by Meredith or me. This release is also voluntary, and my failure to sign and deliver it to Meredith will not impact my enrollment status..

If you are (i) under 18, (ii) under 19 and a resident of Alabama or Nebraska, (iii) under 21 and a resident of Mississippi, or (iv) under the age of majority in your country of residence, a parent or legal guardian must also read and sign this release.

By signing below, I represent that I have read and understand the contents of this Release.

Signature

Parent/Legal Guardian Signature

Printed Name

Printed Name/Relationship

Date

Date

No. I do not give permission to Meredith College to take Photos

Co-curricular Interest Form

Participate!

Please let us know about your participation in high school and possible participation while at Meredith in the following activities and organizations.

Co-curricular Activity	Participated in High School	Possibly Participate in at Meredith
The Arts		
Dance Troupe/Dance Theatre	<input type="radio"/>	<input type="radio"/>
Drama/Theatre/Musical Theatre	<input type="radio"/>	<input type="radio"/>
Choral groups/Show Choir	<input type="radio"/>	<input type="radio"/>
Orchestra/Wind Ensemble/Band	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>
Student Leadership		
Model United Nations	<input type="radio"/>	<input type="radio"/>
School Newspaper	<input type="radio"/>	<input type="radio"/>
Student Government	<input type="radio"/>	<input type="radio"/>
Yearbook	<input type="radio"/>	<input type="radio"/>
Service Organizations		
Environmental Club	<input type="radio"/>	<input type="radio"/>
Key Club	<input type="radio"/>	<input type="radio"/>
Peer Mentoring	<input type="radio"/>	<input type="radio"/>
Scouting	<input type="radio"/>	<input type="radio"/>
Young Democrats	<input type="radio"/>	<input type="radio"/>
Young Republicans	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>
Academic Clubs		
Debate	<input type="radio"/>	<input type="radio"/>
DECA	<input type="radio"/>	<input type="radio"/>
FBLA	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>
Athletics		
Basketball	<input type="radio"/>	<input type="radio"/>
Cross Country	<input type="radio"/>	<input type="radio"/>
Lacrosse	<input type="radio"/>	<input type="radio"/>
Soccer	<input type="radio"/>	<input type="radio"/>
Softball	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>
Volleyball	<input type="radio"/>	<input type="radio"/>
Other (please specify _____)	<input type="radio"/>	<input type="radio"/>

Detach here

**Upon completion use enclosed
envelope to return to:**

Meredith College
Office of Admissions
3800 Hillsborough Street
Raleigh, NC 27607-5298

MEREDITH
COLLEGE

Upon completion use enclosed envelope to return form to:

Meredith College
Office of Admissions
3800 Hillsborough Street
Raleigh, NC 27607-5298

Housing Request Form

Dear Incoming Student,

Please complete and return this form by June 1, 2013 to request housing. Any requests received after June 1 will be processed based on housing availability. Print clearly and sign the back of the form before returning it. Completed forms may be mailed or faxed to the Office of Admissions at (919) 760-2348. If you have any questions, please contact the Office of Residence Life at reslife@meredith.edu, or (919) 760-8633.

—The Residence Life Staff

- Please check one:**
- | | | | |
|---------------------------------------|---|---|--|
| <input type="radio"/> Freshman | <input type="radio"/> Transfer
<i>Anticipated classification</i>
_____ | <input type="radio"/> Re-Admit
<i>Anticipated classification</i>
_____ | <input type="radio"/> Conditional 23+ |
| | <input type="radio"/> Residence Hall | <input type="radio"/> Residence Hall | <input type="radio"/> Residence Hall |
| | <input type="radio"/> Oaks Apartments | <input type="radio"/> Oaks Apartments | <input type="radio"/> Oaks Apartments |

<p>For Office Use Only: Student ID#: _____</p> <p>Room Assignment: _____</p>

Please complete the following:

Name _____
Last First Middle Preferred Name

Date of Birth _____ Area of Academic Interest _____

Home Address _____
Street City State ZIP

Home Phone () _____ Cell Phone () _____

Email _____

Father/Guardian _____

Home Phone () _____ Cell Phone () _____

Mother/Guardian _____

Home Phone () _____ Cell Phone () _____

continued on back

Detach here

Student name _____

Housing Request Form (continued)

Designate roommate preference.

Note: only mutual roommate requests will be honored.

Requested roommate's name _____

Requested suitemate(s) name(s) _____

Please complete the following: (Check only one preference for each pair)

My Preferred Roommate Characteristics:

<input type="radio"/> Goes to bed early <i>(before midnight)</i>	<input type="radio"/> Stays up late <i>(after midnight)</i>
<input type="radio"/> Non-smoker	<input type="radio"/> Smoker
<input type="radio"/> Neat	<input type="radio"/> Messy
<input type="radio"/> Studies in quiet	<input type="radio"/> Studies with music/TV on

My Personal Characteristics:

<input type="radio"/> I go to bed early <i>(before midnight)</i>	<input type="radio"/> I go to bed late <i>(after midnight)</i>
<input type="radio"/> I do not smoke	<input type="radio"/> I do smoke
<input type="radio"/> I am neat	<input type="radio"/> I am messy
<input type="radio"/> I study in quiet	<input type="radio"/> I study with music/TV on

Interests:

<input type="radio"/> Performing Arts	<input type="radio"/> Sports (playing, watching)	<input type="radio"/> Volunteering	<input type="radio"/> Leadership Opportunities
<input type="radio"/> Technology <i>(digital pictures, facebook)</i>	<input type="radio"/> Movies	<input type="radio"/> Crafts (scrapbooking, etc.) _____	
<input type="radio"/> Music type(s) _____			
<input type="radio"/> Other hobbies or interests _____			
<input type="radio"/> Intended major(s) _____			

Please list any health concerns or special needs that should be considered when assigning you to a room:

If you need to request special accommodations because of a disability, please contact Disability Services at (919) 760-8427 or disabilityservices@meredith.edu. See page 19 for information.

By signing below, I am confirming that I, the student, completed this Housing Request Form. I understand that the Residence Life staff will use this information when making room assignments.

Student signature _____ Date _____

Meredith College does not house students based on race, creed, sexual orientation, national or ethnic origin, age or disability.

Student Medical Form (pages 13-16)

Instructions for Completing Medical Form

NOTE: Please adhere to the June 1 deadline. You may not be allowed to complete registration for your second semester classes if your medical form is not completed and returned by this date.

READ CAREFULLY

- 1. Complete pages 14 and 15 of the form and as much of the section on page 16 as you can before seeing your physician. Please submit pages 14-16 together.**
 - Records must be documented in black ink and all corrections must be signed.
 - All immunization dates must include month, day and year of administration.
- 2. Make sure to read page 18 concerning meningococcal disease and new vaccine recommendation.**
- 3. Ask your physician or your county health department to bring your immunizations and tuberculin skin test up to date if necessary. Keep in mind that:**
 - All **required** immunizations listed (including tetanus immunization within the past 10 years) are **mandatory** for enrolling at Meredith;
 - A **tuberculin skin test** within 1 year prior to your enrollment at Meredith is also **required**. Please have tuberculin skin test read before submitting form.
 - Immunizations that are required pursuant to NC state law:
 - All students: 3 DTP (Diphtheria, Tetanus, Pertussis) or Td (Tetanus, Diphtheria) doses; one Td or Tdap booster must have been within the past 10 years
 - Students born in 1957 or later: 2 Measles (Rubeola), 2 Mumps, 1 Rubella (MMR is preferred vaccine)
 - Students born before 1957: 2 Measles (Rubeola) and 2 Mumps or proof of immunity by titer with lab report. Rubella is NOT required for students 50 years of age or older.
 - Students under the age of 18: Polio series
 - Students born after 7/1/1994: 3 Hepatitis B doses
 - If immunizations are unavailable, you may submit a titer for proof of immunity with the lab report.
 - Immunizations records can be obtained from:
 - Your pediatrician's or family physician's office
 - Your high school
 - The local department of health
 - For transfers, records from previous college/university
 - CDC: <http://www.cdc.gov/vaccines/recs/immuniz-records.htm>
- 4. Ask your physician to review the information you provided and to complete the remainder of the form. Make sure that he/she:**
 - Reviews the immunization history and updates all necessary immunizations.
 - Signs the bottom of page 16 certifying that your medical history, immunizations and physical examination are complete.
 - Students who plan to play intercollegiate sports must have their physical dated after April.
- 5. Transfer students must complete pages 14 and 15 of this form and may request and forward copies of your physical exam, immunizations, and tuberculin skin test from the former institution. Adult students (age 23 and older) must complete pages 14 and 15 and the immunizations section on page 16.**
- 6. Enclose a copy of the front and back of insurance card.**
- 7. All full-time undergraduate students must complete the insurance waiver online (See page 17)**
- 8. Check your medical form for completion, sign and mail to the address above by June 1. Questions regarding this form should be directed to Health Services at (919) 760-8535, or healthcenter@meredith.edu.**

Student Medical Form (continued)

Report of Medical History

IMPORTANT: This form must be completed, returned to the College and found complete by Health Services before you can register for classes. Information supplied will be used as an aid in providing necessary care while you are a student. The information is strictly for the use of Health Services and will not be released to anyone without your knowledge and written consent.

Last Name (print)	First Name	Middle Name	Last four digits of Social Security Number
Permanent Address		City	State ZIP
Area Code/Telephone		Date of Birth (mo/day/yr)	Age
Cell phone (student)		Student's email (please print)	
Marital Status: <input type="radio"/> S <input type="radio"/> M <input type="radio"/> Other		Class You are Entering: <input type="radio"/> FR <input type="radio"/> SO <input type="radio"/> JR <input type="radio"/> SR	
Previously Enrolled Here: <input type="radio"/> Yes <input type="radio"/> No		Semester Entering: <input type="radio"/> Fall <input type="radio"/> Spring Year 20____	
Hospital/Health Insurance (Name and Address of Company)			Policy Number
Name of Policy Holder		Employer	
Name of Person to Contact in Case of an Emergency			Relationship
Address		(Home) Area Code/Telephone	(Work) Area Code/Telephone
(Cell) Area Code/Telephone		Emergency Contact Email	

Family & Personal Health History

The following health history is confidential, does not affect your admission status and, except in an emergency situation or by court order, will not be released without your written permission. Please attach additional sheets for any items that require fuller explanation.

Has any person, related by blood, had any of the following:

	Yes	No	Relationship		Yes	No	Relationship		Yes	No	Relationship
High blood pressure				Cholesterol or blood fat disorder				Blood or clotting disorder			
Stroke				Diabetes				Alcohol/drug problems			
Cancer (type:)				Glaucoma				Psychiatric illness			
Heart attack before age 55								Suicide			

Have you ever had or do you have now: (please check at right of each item and if yes, indicate year of first occurrence)

	Yes	No	Year		Yes	No	Year		Yes	No	Year		Yes	No	Year
High blood pressure				Hay fever				Frequent vomiting				Back injury			
Rheumatic fever				Head or neck radiation treatments				Gall bladder trouble or gallstones				Broken bones			
Heart trouble				Arthritis				Jaundice or hepatitis				Kidney infection			
Pain or pressure in chest				Concussion				Rectal disease				Bladder infection			
Shortness of breath				Frequent or severe headache				Severe or recurrent abdominal pain				Kidney stone			
Asthma				Dizziness or fainting spells				Hernia				Protein or blood in urine			
Pneumonia				Severe head injury				Easy fatigability				Hearing loss			
Chronic cough				Paralysis				Anemia or Sickle Cell Anemia				Sinusitis			
Tuberculosis				Epilepsy/Seizures				Eye trouble besides need for glasses				Severe menstrual cramps			
Tumor or Cancer (specify)				Disabling depression				Bone, joint or other deformity				Irregular periods			
Malaria				Excessive worry/anxiety				Shoulder dislocation				Blood transfusion			
Thyroid trouble				Ulcer (duodenal or stomach)				Knee problems				Smoke 1+ pack cigarettes/week			
Serious skin disease				Intestinal trouble				Recurrent back pain				Diabetes			
Alcohol/drug abuse				Pilonidal cyst				Neck injury				Anorexia/Bulimia			
Sexually transmitted disease				Self-induced vomiting								Allergy injection therapy			
Mononucleosis												Chickenpox (Disease)			

Upon completion of pages 14-16 use enclosed envelope to return form to:
Meredith College
Office of Admissions
3800 Hillsborough Street
Raleigh, NC 27607-5298

Student Medical Form (continued)

(Family & Personal Health History continued)

Student Name _____
Last Name First Name Middle Name

Please describe any conditions or disabilities that would exclude participation in physical education:

Do you exercise three or more times per week? Yes No

Do you use a seatbelt on a regular basis? Yes No

Please list any drugs, medicines, birth control pills, vitamins and minerals (prescription and nonprescription) you use and indicate how often you use them.

Brand Name	Use	Dosage	Brand Name	Use	Dosage
Brand Name	Use	Dosage	Brand Name	Use	Dosage

Check each item "Yes" or "No." Every item checked "Yes" must be fully explained in the space on the right (or on an attached sheet). Have you ever experienced adverse reactions (hypersensitivities, allergies, upset stomach, rash hives, etc.) to any of the following? If yes, please explain fully the type of reaction, your age when the reaction occurred and if the experience has occurred more than once.

Adverse Reaction to:	Yes	No	Explanation
Penicillin			
Sulfa			
Other antibiotics (name)			
Aspirin			
Codeine or other pain relievers			
Other drugs, medicines, chemicals (specify)			
Insect bites			
Food allergies (name)			

	Yes	No	Explanation
Have you ever been a patient in any type of hospital? (Specify when, where and why.)			
Has your academic career been interrupted because of physical or emotional problems? (Please explain.)			
Is there loss or seriously impaired function of any paired organs? (Please describe.)			
Other than for a routine check-up, have you seen a physician or health-care professional in the past six months? (Please describe.)			
Have you ever had any serious illness or injuries other than those already noted? (Specify when, where and give details.)			

Important Information—Please read and complete

STATEMENT BY STUDENT: I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I hereby authorize medical treatment which may be advised or recommended by the medical personnel of the Student Health Services of Meredith College. If serious illness of any kind requires hospitalization, emergency treatment or major surgery, I understand that my parents or guardian will be contacted by telephone if at all possible. If they cannot be reached, emergency treatment may be given as necessary for my well-being.

Signature of Student _____ Date _____ Signature of Parent or Guardian *(if under 18 years of age)* _____

Detach here

STUDENT MEDICAL FORM ✓ *checklist*

- Ensure all required immunizations are listed (according to NC State law)
- Make sure the physician completes and signs physician form
- Enclose a copy of the front and back of insurance card
- Make sure your Tuberculin (PPD) test is current (within 12 months)
- Complete the insurance waiver process online
- Read about meningococcal disease and vaccine
- Make a copy for your records**

Student Medical Form (continued)

Report of Health Evaluation

Last Name _____ First Name _____ MI _____ Date of Birth _____

Immunizations—ALL students must complete (*If Titers are necessary, please attach lab report)

Vaccine	Series Date	Series Date	Series Date	Booster Date	*Titer Date	<p>The North Carolina Immunization Law requires that students entering college present to the school authorities immunization certification.</p> <p>Please note that if this requirement is not met, dismissal from school 30 days after registration is mandatory under the law.</p> <p>Please Do Your Part to make sure you have the minimum immunizations required before sending in your form.</p>
DTP (Date of series required)	#1	#2	#3	#4		
Tdap (Booster within ten years)		Required				
Polio (required if under 18 years of age)	#1	#2	#3			
Hepatitis B (required if born after 7/1/94)	#1	#2	#3			
Measles (Rubeola) on or after 1st birthday	#1	Booster required: #2				
Mumps	#1	Booster required: #2				
Rubella (German measles)	#1					
Meningococcal (recommended)						
Gardasil - HPV (recommended)	#1	#2	#3			
Varicella/Chicken Pox (recommended)	#1	#2				
Tuberculin (PPD) Test (required within 12 months)	Date given Date read	Required Results mm induration				
Chest x-ray, if positive PPD	Date	Results - Attach copy of the report				
Treatment, if applicable	Date					

Verified by Physician or Health Department Stamp (Mandatory) _____ Date _____

Physical Examination (All students under age 23, including transfers):

TO THE EXAMINING PHYSICIAN: Please review the student's medical history, immunization history, proof of PPD, and then complete the examination and general comments portion of this form.

Height _____ Weight _____ BP _____ Pulse _____ Temp. _____
 Vision R 20/ _____ L 20/ _____ Corrected _____ Hearing (Gross) R _____ L _____

Are there abnormalities of the following systems?

System	Yes	No	System	Yes	No	<p>Blood</p> <p>Hct. _____</p> <p>Hgb. _____</p>
1. Head, Ears, Nose, Throat			9. Musculoskeletal			
2. Eyes—Fundus			10. Metabolic/Endocrine			
3. Respiratory			11. Neuropsychiatric			
4. Lymphatic			12. Skin			
5. Cardiovascular			Describe fully.			
6. Gastrointestinal						
7. Hernia						
8. Genitourinary						

General Comments (diagnosis, recommendation, etc.)

Physical Activity? Unlimited Limited

Explain: _____

Is this student now under treatment for any medical or emotional conditions? Yes No

Explain: _____

Name of Physician (Print) _____ Date _____ Signature of Physician _____

Office address _____ Area Code/Office Telephone _____

Detach here

Online Insurance Waiver

Meredith College values the health and welfare of its students. To serve the health needs of our student community, Meredith requires health insurance as a condition of enrollment for all full-time undergraduate (12 credit hours or more) students to assure that students have access to health care services beyond what is available on campus.

Students who have health insurance:

- If you have health insurance and wish to opt out of the plan that Meredith College offers, complete the online waiver at www.meredith.edu/students/health
- The online waiver will be available starting June 1, 2013. If this form is not completed online by September 4, 2013 your student account will automatically be charged for the insurance plan Meredith is offering.

Students who do not have health insurance:

- Purchase a health insurance policy and complete the online waiver at www.meredith.edu/students/health. The online waiver will be available starting June 1, 2013. The form needs to be completed by September 4, 2013 or your account will automatically be charged for the insurance plan Meredith is offering; **OR**
- Do not complete the waiver and automatically be enrolled in the plan Meredith College offers. Your student account will be charged on your first bill.

Students should check with their insurance provider to see if coverage is appropriate for Raleigh, North Carolina and is comparable to our current plan.

Some Factors to Consider in Evaluating Your Current Health Insurance Plan:

1. Does your health insurance plan provide medical benefits for you while at Meredith?
2. Does your current plan provide benefits from August 1, 2013 – July 31, 2014?

Summary of Meredith's Current 2012-13 Plan

Insurance Carrier: BlueCross BlueShield of North Carolina

Benefit Period: This plan provides benefits to students from August 1, 2012 through July 31, 2013.

Cost of Plan: The cost for the current benefit period is \$1,041. The cost may vary depending on the plan Meredith offers in 2013-14.

Current Benefit Summary for in-network providers

- \$25 copay for Primary Care Provider
- \$50 copay for specialist
- No out-of-pocket cost for preventative care, routine exams, immunizations and routine eye exams
- Prescription benefits
 - \$15 for Tier 1 medications for 31 day supply
 - \$45 for Tier 2 medications for 31 day supply
 - \$60 for Tier 3 medications for 31 day supply
 - 25% coinsurance for Tier 4 medications (specialty brands), no maximum
- Psychotherapy/Mental Health benefit, \$50 copay
- \$50 co-pay per visit for preferred provider urgent care visits
- \$300 co-pay for emergency department

To view Meredith's current plan for the 2012-13 academic year, please go to the following website: meredith.edu/students/health. The plan for 2013-14 will be similar to the current plan.

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Important Information about Meningococcal Disease

Neisseria meningitidis is the bacterium responsible for meningococcal disease. This particular bacterium can live unnoticed in individuals (“carrier state”) with no symptoms. Occasionally, the bacteria will invade the bloodstream or other body tissues and cause meningococemia, meningitis, pneumonia or pharyngitis (sore throat). Individuals who have had close, intimate contact with a “carrier” or with an individual who has one of these illnesses may become infected with the bacteria also. Even if treated promptly, meningococcal disease may progress rapidly and cause serious medical problems including death.

Meningococcal disease incidence has decreased since 2000, and incidence for serogroups C and Y, which represent the majority of cases of vaccine-preventable meningococcal disease, are at historic lows. However, the peak in disease among persons aged 18 years has persisted, even after routine vaccination was recommended in 2005. Freshmen, particularly those who live in residence halls, constitute a group at modestly increased risk of meningococcal disease relative to other persons their age. (Other undergraduate students wishing to reduce their risk of meningococcal disease can also choose to be vaccinated.)

There are two vaccines against *N. meningitidis* available in the United States, Menveo, Novartis; and Menactra, Sanofi Pasteur. Both vaccines can help to prevent 4 types of meningococcal disease (types A, C, Y, and W-135). Meningococcal vaccines cannot prevent all types of the disease (e.g. serotype B), but they do help to protect many people who might become sick if they didn’t get the vaccine.

For more information on Meningococcal Disease, please go to the CDC website at www.cdc.gov/meningitis/index.htm.

A Meredith student who chooses to receive the vaccine should get it from their family physician or local health department. The vaccine is available at Wake County Department of Health and Human Services.

MENINGOCOCCAL VACCINE RECOMMENDATION, as of January 28, 2011

Most students received one meningococcal vaccine at age 11 or 12. Originally this was thought to provide protection to students throughout their high school and college years. Recent research has found that persons immunized at age 11 or 12 might have decreased protective immunity by ages 16 – 21 years, when their risk for disease is greatest.

Meningococcal Meningitis Vaccine Booster: A booster dose is now recommended for those 16 years of age who received the initial dose at age 11-12. If the initial dose was given at 13-15 years, the booster dose should be given at 16-18 years of age. If the initial dose was given age at 16 years or older, no booster is needed, except where there is continuing risk.

Please check with your physician to see if a meningitis booster vaccine is needed before coming to Meredith.

For more information on this latest recommendation please refer to the following CDC web address.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e

For confidentiality purposes, upon completion please return separately to:

Meredith College
Disability Services
202 Carroll Hall
3800 Hillsborough Street
Raleigh, NC 27607

Voluntary Disability Disclosure and Request for Accommodation

Students with disabilities may face a special challenge adapting to the college setting. Meredith is committed to accommodating qualified students. We respect your right to confidentiality and allow you to choose whether or not to disclose your disability and needs, or to work independently. In any event, it is important to send us the materials requested below—in a timely manner—so that we can be ready to provide you with accommodations when you need them.

Because individual needs vary so much, we provide a number of support services to students with disabilities, working on a case-by-case basis. If you have a learning disability, ADHD, hearing or vision impairment, mobility problem, health concern (seizures, diabetes, depression, etc.) or another condition that requires accommodation, please submit the materials requested below.

Students requesting accommodations for disabilities are required to submit:

- 1) The Disability Disclosure and Request for Accommodations.
- 2) Documentation of the disability from an appropriate licensed/certified professional.
A letter or summary statement will not suffice. A complete evaluation is required, dated within three years of admission to Meredith. Specific guidelines for each disability are available from the Counseling Center/Disability Services, by calling (919) 760-8427 or by visiting the website, www.meredith.edu/students/counsel/disability/
- 3) In general, documentation must meet the following standard requirements:
 - professional credentials of the evaluator include information on official letterhead about license or certification and area of specialization
 - states a diagnosed disability
 - has been completed within the last three years
 - includes complete educational, developmental, and relevant medical history
 - lists the tests and techniques used to arrive at the diagnosis of the disability
 - describes the functional limitations resulting from the disability
 - specifies recommended accommodations
 - states why the disability qualifies the applicant for accommodations

Please submit this form as soon as possible after paying your deposit so that we can begin preparing for your needs even before you arrive on campus. If you will need accommodations on placement exams, please return this form two weeks prior to the Advising & Registration Event for freshmen, or prior to new student orientation for transfers and conditional 23+ students. If you need further information, please call the Counseling Center/Disability Services at (919) 760-8427 or email DisabilityServices@meredith.edu.

Please complete the information on the back of this page and return it to:

Meredith College
Disability Services
202 Carroll Hall
3800 Hillsborough Street
Raleigh, NC 27607

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Voluntary Disability Disclosure and Request for Accommodation (continued)

Full name _____ Social Security number (last four digits only) _____

Phone # _____ Email address _____

Address _____
Street City State ZIP

Please check one: Freshman Transfer Readmit Conditional 23+ 2nd Baccalaureate Degree

What semester are you planning to begin at Meredith? Fall Spring

What is your disability? (Give specific diagnosis: learning disability, ADHD, mobility, health, etc.)

How does this disability affect your class work, class or class location?

What, if any, residence hall accommodations, are needed because of your disability?

What accommodations have you received in the past?

Information concerning your disability will be treated confidentially and cannot be disseminated without a signed release from you. By checking "Yes" below and signing this form, you give us permission to share information concerning your needs with campus professionals who "need to know" (such as academic advisors and disability counselors). This will NOT release information to your future faculty. A separate release form must be completed each semester to release information to faculty or other members of the campus community.

- Yes, I am requesting disability services and understand I must provide appropriate documentation.
- No, I am not requesting any accommodations at this time but understand that I may activate my file anytime by contacting Disability Services and providing appropriate documentation.

Student Signature _____ Date _____

Parent Signature (if student is under 18 years of age) _____ Date _____



our city

Meredith is located in the vibrant capital city of Raleigh, North Carolina. Our 225-acre campus is surrounded by charming Raleigh neighborhoods and just down the street from North Carolina State University. With both downtown Raleigh and Research Triangle Park nearby, Meredith offers numerous opportunities for research, internships and career development. Raleigh consistently ranks among the best places to live and start your career. In 2012, Raleigh was named one of the top 10 best cities for college graduates by Rent.com. It was also described as “an amazing place to get a job” by Yahoo! Finance, which placed Raleigh sixth on its list of the 15 “Hottest American Cities of the Future.”

visiting

Meredith welcomes visitors. We’re proud of our campus and our community. The Meredith College Office of Admissions, located in Johnson Hall, is open from 8 a.m. to 5 p.m., Monday through Friday. During the school year the Office is open on select Saturdays from 9 a.m. to noon. To arrange campus tours and conferences with admissions staff, visit meredith.edu/admissions.

directions

Our campus is in west Raleigh, easily accessible by Wade Avenue—an Interstate 40 connector—and by US 1/I-440. The Raleigh-Durham International Airport is served by major airlines and is located eight miles from Meredith.

From Exit 3, Hillsborough St./Meredith College, on I-440: Turn left from the exit onto Hillsborough Street. At the second traffic light on Hillsborough, turn left into the main entrance to campus (3800 Hillsborough Street). Johnson Hall is straight ahead; you’ll find signs and an information booth for help in locating other facilities.

Learn more: meredith.edu/admissions/why_meredith

MEREDITH COLLEGE

Office of Admissions
3800 Hillsborough Street
Raleigh, NC 27607-5298
(919) 760-8581 or 1-800-MEREDITH
FAX (919) 760-2348
admissions@meredith.edu

meredith.edu

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cycle logo here in white**

Meredith Rankings

- ranks 3rd among colleges in the South by U.S. News & World Report.
- ranks 9th for “Best Value” among colleges in the South according to U.S. News & World Report.
- ranks among the top 20% of colleges in the country by Forbes.
- is one of the “Best Colleges in the Southeast” according to Princeton Review.
- prepares women to be leaders through 600+ student leadership opportunities.
- produces satisfied alumnae — of those surveyed, 96% would choose Meredith again.
- holds the highest levels of program accreditations — an indicator of quality employers seek — in business, education, social work, nutrition, music and interior design.

IMPORTANT CONTACT INFORMATION (Administrative Offices)

Accounting
accounting@meredith.edu
(919) 760-8363

Academic & Career Planning
advising@meredith.edu
(919) 760-8341

Academic Programs
rotondo@meredith.edu
(919) 760-8514

Admissions
admissions@meredith.edu
(919) 760-8581

Business & Finance
craigb@meredith.edu
(919) 760-8516

Campus Chaplain
pardues@meredith.edu
(919) 760-8346

Campus Police
kennedyd@meredith.edu
(919) 760-8888

College Programs
jacksonj@meredith.edu
(919) 760-8556

Commuter Life & Diversity Programs
sloaneto@meredith.edu
(919) 760-8521

Continuing Education
graduate@meredith.edu
(919) 760-8353

Counseling Center
counseling@meredith.edu
(919) 760-8427

Dean of Students
gleasona@meredith.edu
(919) 760-8521

Dining Services
campusdining@meredith.edu
(919) 760-8377

Disability Services
disabilityservices@meredith.edu
(919) 760-8427

Enrollment
greend@meredith.edu
(919) 760-8026

Financial Assistance
finaid@meredith.edu
(919) 760-8565

Health Center
healthcenter@meredith.edu
(919) 760-8535

International Programs/Study
Abroad
studyabroad@meredith.edu
(919) 760-8429

Orientation
fye@meredith.edu
(919) 760-8521

Parking
creehc@meredith.edu
(919) 760-8888

Registrar's Office
registrar@meredith.edu
(919) 760-8593

Residence Life
reslife@meredith.edu
(919) 760-8633

Student Leadership
studentactivities@meredith.edu
(919) 760-8338

Supply Store (Text Books)
reesem@meredith.edu
(919) 760-8545

Technology Services
techserv@meredith.edu
(919) 760-2803