WELCOME TO MEREDITH

Congratulations again on your acceptance to Meredith College – we look forward to you joining our community.

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

Review the admitted students page at meredith.edu/admissions/admitted_students. You’ll find links to this Enrollment Handbook and learn more about the Meredith experience.

Over the coming months, expect to hear more from the Meredith community as we share news about special programs, events and offerings.

See you in August!
The Office of Admissions

CONTENTS
1 Enrollment Checklists
2 Freshman Dates To Remember
3 Transfer Dates to Remember
4 Enroll@MC Events
5 Orientation for New Students
6 Residence Life
7 Life on Campus
8 Financial Services
9 Deposit Form
10 Photography Release Form
11 Housing Request Form
12 Student Medical Form
13 Online Insurance Waiver
14 Voluntary Disability Disclosure
15 What Makes Us Strong

IMPORTANT CONTACT INFORMATION (Administrative Offices)

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

Academic Advising
advising@meredith.edu
(919) 760-8341

Admissions
admissions@meredith.edu
(919) 760-8381

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

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

Career Planning
career@meredith.edu
(919) 760-8341

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

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

Continuing Education
graduate@meredith.edu
(919) 760-8383

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

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

Enrollment
knottdon@meredith.edu
(919) 760-8009

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

Health Center
healthcenter@meredith.edu
(919) 760-8335

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

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

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

Provost’s Office
provost@meredith.edu
(919) 760-8514

Registrar’s Office
registrar@meredith.edu
(919) 760-8594

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

StrongPoints®
strongpoints@meredith.edu
(919) 760-8341

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
ENROLLMENT CHECKLIST

First-Year Students

✓ Checklist

- **DECEMBER 15** Early Decision Candidates only. Reserve your space in the class – $200 non-refundable deposit due to Office of Admissions (see form on page 7).

- **JANUARY 15** Talent (Art, Interior Design, Music, Theatre), Thomas Meredith Baptist Heritage Scholarship and Honors applications must be filed. Potential candidates for the Meredith Legacy and Presidential scholarships are selected from the Honors applicant pool.

- **FEBRUARY 15** Priority deadline for receipt of financial aid applications (FAFSA). Applications received after this deadline will be considered on a funds available basis.

- **MAY 1** National Reply Date – Reserve your space in the class – Submit your $200 non-refundable deposit to Office of Admissions on or before May 1 (see form on page 7).

- **JUNE 1** Student Medical Forms due to the Office of Admissions (complete the forms on pages 13-16). Online Insurance Waiver is available and should be completed if you currently maintain health insurance and wish to opt out of purchasing Meredith’s policy. (See information on page 17).

- **JUNE 15** Official transcript for spring semester should be submitted if you were enrolled this year.

- **AUGUST 1** First payment for tuition and for room and board, if applicable, is due. A bill will be emailed to you in July at your Meredith email address.

Transfer Students

✓ Checklist

- **FEBRUARY 15** Priority deadline for receipt of financial aid applications (FAFSA). Applications received after this deadline will be considered on a funds available basis.

- **APRIL-AUGUST** Pre-registration advising conferences are arranged with faculty in the major department.

- **MAY 1** (or other date in acceptance letter) – $200 non-refundable deposit due to the Office of Admissions (see form on page 7).

- **JUNE 1** Photography Release, Housing Request and Student Medical Forms due to the Office of Admissions (complete the forms on pages 9-16). Online insurance waiver is available and should be completed if you currently maintain health insurance and wish to opt out of purchasing Meredith’s policy. (See information on page 17).

- **AUGUST 1** Official transcript of summer school courses, if any, should be submitted.

- **SUMMER ENROLLMENT DATES** (Transfer Only)
  - **APRIL 1** (or other date in acceptance letter) – $200 non-refundable deposit due to the Office of Admissions (see form on page 7).

  - **APRIL 15** Photography Release, Housing Request and Student Medical Forms due to the Office of Admissions (complete the forms on pages 9-16).
DATES TO REMEMBER

First-Year Students

OCTOBER 26 Think Meredith Open House for High School Seniors. Any student wishing to visit Meredith may register at meredith.edu/admissions/visit or call the Office of Admissions for further information.

DECEMBER 15 $200 deposit due from applicants accepted for admission under the Early Decision plan – both resident and commuter students. For an accepted resident applicant, this non-refundable deposit will apply toward fees and reserve residence hall accommodations. For an accepted commuter applicant, the non-refundable deposit will apply toward fees and will place her name on the list of incoming commuting students eligible to register for classes. All deposits are due to the Office of Admissions.

JANUARY 15 Applications for the Honors Program, Teaching Fellows, Art, Interior Design, Music, Theatre, and Thomas Meredith Baptist Heritage Scholarships must be submitted by this date.

Art scholarship finalists will be invited for a portfolio review at Scholars’ Weekend (February 21-22). Further information concerning art scholarships may be obtained by contacting the Department of Art at (919) 760-8497 or mulvaneyb@meredith.edu.

Music auditions for prospective music scholarship candidates will be held on February 21-22 (Scholars’ Weekend) and March 19. Auditions can be arranged by individual scheduling with the Department of Music. Further information may be obtained by contacting the Department of Music at (919) 760-8536 or pagef@meredith.edu.

Interior Design Scholarship finalists will be invited to campus for interviews and review of samples of creative work during Scholars’ Weekend (February 21-22). Further information may be obtained by contacting the Department of Human Environmental Sciences at (919) 790-8395 or burpittm@meredith.edu. Theater auditions for prospective theater scholarship candidates will be held on February 21-22 (Scholars’ Weekend). Further information may be obtained by contacting the Department of Theatre at (919) 760-8719 or rotenjo@meredith.edu.

JANUARY 25 Think Meredith Open House for High School Seniors – Any student wishing to visit Meredith may register at meredith.edu/visit

FEBRUARY 15 Submit your Free Application for Federal Student Aid (FAFSA) to www.fafsa.ed.gov. Meredith’s Title IV code is 002945.

FEBRUARY 21-22 Scholars’ Weekend An invitation only, overnight event for students who are invited to interview for Honors or Teaching Fellows, or to audition or interview for talent scholarships. Please review the January 15 date for details.

Students selected to interview for Meredith Legacy and Presidential Scholarships will be notified prior to Scholars’ Weekend and will interview during Scholars’ Weekend. Interviewees are selected from the Honors Program applicant pool.

Students awarded Meredith Legacy or Presidential Scholarships, students selected to join the Honors or Teaching Fellows programs, and students awarded talent scholarships, will be notified by mail approximately three weeks after Scholars’ Weekend.

MARCH 19 Experience Meredith! A day for admitted students and their families.

APRIL 1 Date by which financial aid notification will be sent to students who completed the FAFSA by the February 15 deadline. Notifications will be sent on a rolling basis for applicants who complete the FAFSA after this date.

MAY 1 $200 deposit due from regular decision applicants accepted for admission under the rolling plan – both resident and commuter students. For an accepted resident applicant, this non-refundable deposit will apply toward fees and reserve residence hall accommodations. For an accepted commuter applicant, the non-refundable deposit will apply toward fees and will place her name on the list of commuting students eligible to register for classes. All deposits are due to the Office of Admissions. If a student is admitted after April 22, her $200 deposit is due 10 days after the date on her acceptance letter.
IMPORTANT SUMMER DATES
Watch your email for information about summer pre-orientation dates for all new first-year students and Summer Symposium for Multicultural Students. You may also contact the Office of Admissions at (919) 760-8581 or admissions@meredith.edu with questions.

JUNE 1  Student Medical Form due (see page 13-16). The Student Medical Form should be completed by the student and her physician and returned to the Office of Admissions by the deadline. Photography Release and Housing Request Forms are also due. Online insurance waiver is available and must be completed by September 14.

JULY 1  Final high school transcript should be submitted to the Office of Admissions.

AUGUST 19  Mandatory international orientation.

AUGUST 20  New student orientation begins.

AUGUST 24  First day of classes.

Transfer Candidates

FEBRUARY 15  Submit the Free Application for Federal Student Aid (FAFSA) to fafsa.ed.gov. Meredith’s FAFSA code is 002945.

APRIL–AUGUST  Beginning in April, information about arranging an advising conference is sent when a student is accepted for admission and the deposit is paid. Questions should be directed to Academic Advising at (919) 760-8341. Further information regarding fall courses and registration will be available in mid-March on the Meredith web site at meredith.edu/registrar.

APRIL 1  Date by which financial aid notifications will be sent to students who completed the FAFSA by February 15. Notifications will be sent on a rolling basis for applicants who complete the FAFSA after this date.

MAY 1  $200 deposit due from all applicants accepted for admission—both resident and commuter students. For an accepted resident applicant, this non-refundable deposit will apply toward fees and will reserve residence hall accommodations. For an accepted commuter applicant, the non-refundable deposit will apply toward fees and will place her name on the list of incoming commuting students eligible to register for classes. If a student is admitted after April 22, her $200 deposit is due 10 days after the date on her acceptance letter.

JUNE 1  Student Medical Form due. This form is to be completed by the student and her physician and returned to the Office of Admissions by the deadline (see page 13-16). Photography Release and Housing Request Forms are also due. Online insurance waiver is available and must be completed by September 14.

MID-JUNE  Final transcripts due to the Office of Admissions, for students enrolled in college in the spring 2016 term.

JULY 1  Applications for the Honors Program must be submitted by this date.

AUGUST 1  Transcripts of summer school courses must be submitted to the Office of Admissions.

AUGUST 19  Mandatory international orientation.

AUGUST 20  New student orientation begins.

AUGUST 24  First day of classes.

SUMMER ENROLLMENT DATES (Transfer Only)

APRIL 1  $200 deposit due for Summer entry transfers.

APRIL 15  Enrollment forms due – see June 1 information.
SUMMER PRE-ORIENTATION FOR ALL NEW STUDENTS

ATTENTION INCOMING FIRST-YEAR STUDENTS
All new first-year students are required to attend summer pre-orientation (exceptions allowed for international students living abroad). Attendance helps ensure a successful transition to Meredith and graduation in four years or in a time-frame applicable to your degree program. During this one day event you’ll complete important next steps for identifying your academic interests and informing your fall course schedule.

Additionally, all new first-year students will receive their Meredith ID card, have the option to purchase the summer reading book and learn more about Meredith’s distinctive StrongPoints® program. Summer pre-orientation is also an excellent time to connect with your new peers and begin establishing new friendships...friendships that are likely to last a life-time.

In addition to providing a deeper introduction to the academic environment at Meredith, sessions for parents will include opportunity for providing insight into your daughter’s strengths and gaining expert advice for aiding your daughter’s successful transition to the Meredith community.

Watch your mail and email in March for registration information. You will be able to register online or by calling the Office of Admissions. Each student will request her first and second choice of summer attendance dates.

ATTENTION INCOMING TRANSFER STUDENTS
Upon admission to Meredith College and payment of the deposit, Academic Advising will contact you to assist in scheduling your pre-registration advising conference. Transfers will meet individually with faculty in their major for advising while undecided transfers students meet with Academic Advising staff. Transfer students may register for courses at anytime after the advising conference.

Required Orientation For ALL New Students
New student orientation begins August 20. As you make plans to enroll at Meredith, remember that students living on campus will move into the residence halls on the day that orientation begins. New students and their families will have orientation sessions on August 20; orientation for students concludes on August 23. You will receive orientation information in June. Orientation is a great time to make friends and become acquainted with campus life. You will spend much of orientation with your student advisor and have an opportunity to connect with your academic adviser – important people who will be your guides as you attend activities designed to prepare you for success at Meredith. Special activities are planned to meet the needs of residential, commuter, freshmen, and transfer students.
RESIDENCE LIFE

First-year students under the age of 23 are required to live in residence halls or off campus with their parents. With special permission students may reside with another close relative.

The Residence Life staff provides services that 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 to the right 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.
- 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.
- All student rooms are wired for cable television. Televisions need to be HD ready.
- 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 in the ironing/laundry room and stored in their room.
- Extension cords are not allowed. Students may use power strips that have a circuit breaker.
- All residence halls are air conditioned.
- Drink and snack machines are available in the residence halls.
- The campus post office is located in the Cate Student Center. Here students can pick up their mail, purchase stamps and send packages.

FIRST-YEAR STUDENT 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.
- Ground floor Poteat has a community style bathroom.
- Freshmen 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, 2016. 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 is also a Wells Fargo ATM 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 Enroll@MC 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 Beehive, 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 meals in the dining hall and Beehive or they may purchase a commuter meal plan.

HEALTH SERVICES/ COUNSELING CENTER
A campus physician, physician assistant and a registered nurse 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 (Capital Area Transit) 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.

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, 2016. A monthly payment option is available.

Tuition bills will be emailed to your Meredith email address in early July, once you are registered for classes.

MONTHLY PAYMENT OPTION
For students and parents wishing to pay educational 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 when you reference your ebill notification sent to your Meredith email address 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, 2016. Students should confirm that their Social Security Number is on file to receive an award.

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 $200 non-refundable deposit* is due as follows:
• on December 15 if you are an Early Decision candidate;
• on or before 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 applicant;
• On April 1 for summer entry transfers
* This $200 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
4. To pay by credit card, see instructions at meredith.edu/admissions/admitted_students or call the Office of Admissions at (919) 760-8581.

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:  ○ May  ○ August
Classification:  ○ Freshman  ○ Transfer  ○ Re-Admit

For Early Decision candidates only:

I accept the offer of admission and plan to enroll at Meredith College in August 2016. (In compliance with the Early Decision Plan agreement, I have now withdrawn my applications for admission (if any) at other colleges.)

Signature ________________________________ Date __________________
Upon completion use enclosed envelope to return to:
Meredith College
Office of Admissions
3800 Hillsborough Street
Raleigh, NC 27607-5298
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 ________________________
Upon completion use enclosed envelope to return to:
Meredith College
Office of Admissions
3800 Hillsborough Street
Raleigh, NC 27607-5298

MEREDITH
COLLEGE
Housing Request Form

Dear Incoming Student,

Please complete and return this form by June 1, 2016 to request housing. Requests received after June 1 will be processed based on housing availability. Forms for Summer entry students are due April 15. 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:  ○ Freshman  ○ Transfer  ○ Re-Admit
Anticipated classification  Anticipated classification
  ○ Residence Hall
  ○ Oaks Apartments
  ○ Residence Hall
  ○ Oaks Apartments

For Office Use Only:  Student ID#: __________________________ Room Assignment: __________________________

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
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, even if you are requesting a roommate:  (Check only one preference for each pair)

<table>
<thead>
<tr>
<th>My Preferred Roommate Characteristics:</th>
<th>My Personal Characteristics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Goes to bed early (before midnight)</td>
<td>☐ I go to bed early (before midnight)</td>
</tr>
<tr>
<td>☐ Stays up late (after midnight)</td>
<td>☐ I go to bed late (after midnight)</td>
</tr>
<tr>
<td>☐ Non-smoker</td>
<td>☐ I do not smoke</td>
</tr>
<tr>
<td>☐ Smoker</td>
<td>☐ I do smoke</td>
</tr>
<tr>
<td>☐ Neat</td>
<td>☐ I am neat</td>
</tr>
<tr>
<td>☐ Messy</td>
<td>☐ I am messy</td>
</tr>
<tr>
<td>☐ Studies in quiet</td>
<td>☐ I study in quiet</td>
</tr>
<tr>
<td>☐ Studies with music/TV on</td>
<td>☐ I study with music/TV on</td>
</tr>
</tbody>
</table>

Interests:

<table>
<thead>
<tr>
<th>☐ Performing Arts</th>
<th>☐ Sports (playing, watching)</th>
<th>☐ Volunteering</th>
<th>☐ Leadership Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Technology (digital pictures, facebook)</td>
<td>☐ Movies</td>
<td>☐ Crafts (scrapbooking, etc.)</td>
<td></td>
</tr>
</tbody>
</table>

Music type(s) ____________________________________________________________
Other hobbies or interests ________________________________________________
Intended major(s) ________________________________________________________

Please list any health concerns/special needs or building preference 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 From. 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.
NOTE: The deadline for submission of the Student Medical Form is June 1. Students will be withdrawn from the College 30 days after classes begin if immunization requirements have not been met and the Student Medical Form has not been returned to the Office of Admissions. Please submit pages 13-16 together after all forms are complete.

READ CAREFULLY

1. Complete pages 14 and 15 of the form and as much of the section on page 16 as you can before visiting your physician.
   - 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. Please refer to www.immunize.nc.gov/schools.
   - All required immunizations listed are mandatory for enrolling at Meredith;
   - A tuberculin skin test within 1 year prior to your enrollment at Meredith is also required. Please have your tuberculin skin test read before submitting this form.
   - Students under the age of 18: Polio series
   - Students born after 7/1/1994: 3 Hepatitis B doses
   - 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, attach with the lab report.

4. Ask your physician to review the information you provided and to complete and sign 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, Tb skin test 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. Students must either complete page 16 or may request and forward copies of your physical exam, immunizations, and tuberculin skin test from the former institution (updates may be required).

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 page 15 and mail all pages together to the address above by June 1 (April 15 for Summer entry transfers). 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**

<table>
<thead>
<tr>
<th>Last Name (print)</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last four digits of Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Area Code/Telephone</th>
<th>Date of Birth (mo/day/yr)</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell phone (student)</th>
<th>Student’s email (please print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>Class You Are Entering:</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td>FR SO JR SR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previously Enrolled Here:</th>
<th>Semester Entering:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Fall Spring Year 20__</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital/Health Insurance (Name and Address of Company)</th>
<th>Subscriber/Policy Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Policy Holder</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Person to Contact in Case of an Emergency</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Home)</th>
<th>Area Code/Telephone</th>
<th>(Work) Area Code/Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Cell) Area Code/Telephone</th>
<th>Emergency Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>High blood pressure</th>
<th>Cholesterol or blood fat disorder</th>
<th>Blood or clotting disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stroke</th>
<th>Cholesterol or blood fat disorder</th>
<th>Blood or clotting disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer (type)</th>
<th>Diabetes</th>
<th>Psychiatric illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart attack before age 55</th>
<th>Glaucoma</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
<td>Yes No Relationship</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>High blood pressure</th>
<th>Hay fever</th>
<th>Frequent vomiting</th>
<th>Back injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rheumatic fever</th>
<th>Head or neck radiation treatment</th>
<th>Gall bladder trouble or gallstones</th>
<th>Broken bones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Heart trouble</th>
<th>Arthritis</th>
<th>Jaundice or hepatitis</th>
<th>Bladder infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain or pressure in chest</th>
<th>Concussion</th>
<th>Rectal disease</th>
<th>Kidney stone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>Concussion</td>
<td>Rectal disease</td>
<td>Kidney stone</td>
</tr>
<tr>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shortness of breath</th>
<th>Severe or recurrent abdominal pain</th>
<th>Protein or blood in urine</th>
<th>Fainting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concussion</td>
<td>Concussion</td>
<td>Rectal disease</td>
<td>Kidney stone</td>
</tr>
<tr>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
<td>Yes No Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Severe or recurrent abdominal pain</th>
<th>Protein or blood in urine</th>
<th>Fainting</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Asthma</th>
<th>Asthma</th>
<th>Asthma</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shortness of breath</th>
<th>Severe or recurrent abdominal pain</th>
<th>Protein or blood in urine</th>
<th>Fainting</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Chronic cough</th>
<th>Ooziness or fainting spells</th>
<th>Perina</th>
<th>Sinusitis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Chronic cough</th>
<th>Ooziness or fainting spells</th>
<th>Perina</th>
<th>Sinusitis</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tumor or Cancer (specify)</th>
<th>Anemia or Sickle Cell Anemia</th>
<th>Anemia or Sickle Cell Anemia</th>
<th>Anemia or Sickle Cell Anemia</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Malaria</th>
<th>Epilepsy/Seizures</th>
<th>Yeast</th>
<th>Blood transfusion</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Throditis</th>
<th>Disabling depression</th>
<th>Hyperactivity</th>
<th>Severe menstral cramps</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tuberculosis</th>
<th>Severe head injury</th>
<th>Severe head injury</th>
<th>Severe head injury</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Tuberculosis</th>
<th>Severe head injury</th>
<th>Severe head injury</th>
<th>Severe head injury</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Serious skin disease</th>
<th>Bone, joint or other deformity</th>
<th>Bone, joint or other deformity</th>
<th>Bone, joint or other deformity</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Alcohol/Drug abuse</th>
<th>Ulcer</th>
<th>Ulcer</th>
<th>Ulcer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Sexually transmitted disease</th>
<th>Intestinal trouble</th>
<th>Knees</th>
<th>Knees</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gonorrhea</th>
<th>Intestinal trouble</th>
<th>Knees</th>
<th>Knees</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gonorrhea</th>
<th>Intestinal trouble</th>
<th>Knees</th>
<th>Knees</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mononucleosis</th>
<th>Self-induced vomiting</th>
<th>Neck</th>
<th>Neck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mononucleosis</th>
<th>Self-induced vomiting</th>
<th>Neck</th>
<th>Neck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mononucleosis</th>
<th>Self-induced vomiting</th>
<th>Neck</th>
<th>Neck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mononucleosis</th>
<th>Self-induced vomiting</th>
<th>Neck</th>
<th>Neck</th>
</tr>
</thead>
</table>

**IMPORTANT:** Pages 14-16 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. REFER TO THE CHECK LIST ON PAGE 16
Student Medical Form (continued)

(Family & Personal Health History continued)

Student Name

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

Please list all medications including those used for contraception, vitamins and minerals (prescription and nonprescription) you use and indicate how often you use them.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Use</th>
<th>Dosage</th>
<th>Brand Name</th>
<th>Use</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Adverse Reaction to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penicillin</td>
</tr>
<tr>
<td>Sulfa</td>
</tr>
<tr>
<td>Other antibiotics (name)</td>
</tr>
<tr>
<td>Aspirin</td>
</tr>
<tr>
<td>Codeine or other pain relievers</td>
</tr>
<tr>
<td>Other drugs, medicines, chemicals (specify)</td>
</tr>
<tr>
<td>Insect bites</td>
</tr>
<tr>
<td>Food allergies (name)</td>
</tr>
</tbody>
</table>

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)
### Immunizations—ALL students must complete

*(If Titers are necessary, please attach lab report)*

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Series Date</th>
<th>Series Date</th>
<th>Series Date</th>
<th>*Titer Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP (Date of series required)</td>
<td>#1</td>
<td>#2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tdap (Booster within ten years required)</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td></td>
</tr>
<tr>
<td>Polio (required if under 18 years of age)</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B (required if born after 7/1/94)</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td></td>
</tr>
<tr>
<td>Measles (Rubeola) on or after 1st birthday</td>
<td>#1</td>
<td>Booster required: #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>#1</td>
<td>Booster required: #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>#1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal (recommended)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gardasil - HPV (recommended)</td>
<td>#1</td>
<td>#2</td>
<td>#3</td>
<td></td>
</tr>
<tr>
<td>Varicella/Chicken Pox (recommended)</td>
<td>#1</td>
<td>#2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tuberculin (PPD) Test</th>
<th>Date given</th>
<th>Required</th>
<th>Results</th>
<th>mm induration</th>
</tr>
</thead>
<tbody>
<tr>
<td>(required within 12 months)</td>
<td>Date read</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest x-ray, if positive PPD</td>
<td>Date</td>
<td>Results</td>
<td>-</td>
<td>Attach copy of the report</td>
</tr>
<tr>
<td>Treatment, if applicable</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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.

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BP</th>
<th>Pulse</th>
<th>Temp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision R 20/</td>
<td>L 20/</td>
<td>Corrected</td>
<td>Hearing (Gross) R</td>
<td>L</td>
</tr>
</tbody>
</table>

Are there abnormalities of the following systems?

<table>
<thead>
<tr>
<th>System</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Head, Ears, Nose, Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes—Fundi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Respiratory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Lymphatic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cardiovascular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Gastrointestinal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Hernia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Genitourinary</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General Comments (diagnosis, recommendation, etc.)**

Physical Activity?  Unlimited  Limited

Explain:

Is this student now under treatment for any medical and/or emotional condition?  Yes  No

Explain:

Print Name of Physician, Physician Assistant or Nurse Practitioner

Date  Signature of Physician, PA or NP

Office address  Area Code/Office Telephone
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 waiver at meredith.edu/on_campus_services/health_services.
- The waiver will be available starting in June 2016. If this form is not completed by September 14, 2016 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 waiver at meredith.edu/on_campus_services/health_services. The waiver will be available starting in June 2016. The form needs to be completed by September 14, 2016 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 an active, credible 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, 2016 – July 31, 2017?

Summary of Meredith’s Current 2015-16 Plan

Insurance Carrier: BlueCross BlueShield of North Carolina
Benefit Period: This plan provides benefits to students from August 1, 2015 through July 31, 2016.
Cost of Plan: The cost for the current benefit period is $2,164. The cost may vary depending on the plan Meredith offers in 2016-17.

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 2015-16 academic year, please go to meredith.edu/on_campus_services/health_services. The plan for 2016-17 will be similar to the current plan.
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 meningococcemia, 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 by Novartis; and Menactra by 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 http://www.cdc.gov/meningitis/bacterial.html.

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 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/vaccines/vpd-vac/mening/default.htm
Voluntary Disability Disclosure and Request for Accommodation

Meredith is committed to creating an accessible community and providing reasonable accommodations to qualified students. We respect your right to confidentiality and allow you to choose whether or not to disclose your disability and/or necessary needs and accommodations. In a college setting, it’s the student’s responsibility to initiate the eligibility process and request accommodations, if desired. It is important to send the materials requested below to Disability Services in a timely manner so that we can be ready to provide you with accommodations when you need them.

Individuals with disabilities’ needs may vary, therefore we provide a number of support services to students who become certified with Disability Services. Accommodations and support services are determined 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 accommodations, please submit the materials requested below.

Students requesting accommodations for disabilities are required to submit:

1. The Voluntary Disability Disclosure and Request for Accommodations (opposite side of this page).

2. Documentation of the disability from an appropriate licensed/certified professional. For more specific information about the criteria for documentation, view our Documentation Guidelines online by visiting www.meredith.edu/disability and going to the Certification Process page.

3. In general, documentation must include the following standard requirements:
   - professional credentials of the evaluator (including licencures and areas of specialty) on official letterhead
   - documentation must be current (within 1 year for physical and psychiatric and 3 years for all other disabilities)
   - a clear diagnostic statement
   - 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 so that Disability Services can begin working with you to coordinate your need for accommodations. If you require accommodations for admissions, enrollment and/or advising events, please return this form no later than two weeks prior or contact Counseling Center/Disability Services at (919) 760-8427 or email disabilityservices@meredith.edu

Please complete the opposite page and return it to:
Meredith College
Disability Services
208 Carroll Hall
3800 Hillsborough St.
Raleigh, NC 27607

continued on back
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  ○ Re-Admit

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

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 ___________________________
Chartered in 1891, Meredith College is one of the largest independent private women’s colleges in the U.S. Meredith also offers coeducational graduate programs in business, education and nutrition, as well as post-baccalaureate certificate programs in pre-health and business, a dietetic internship program, a didactic program in dietetics and a paralegal program.

**Rankings:** Meredith College is consistently ranked in the top 10 colleges in the South by *U.S. News & World Report*, and one of the “Best Colleges in the Southeast” according to *The Princeton Review*.

**Majors, minors and concentrations:** 80

**Location:** Raleigh, North Carolina

**Enrollment:** 1,885 including 241 graduate students. Students come from 26 states and 39 countries.

**Multicultural students:** 25%

**Student/faculty ratio:** 12:1

**Average class size:** 17

**Faculty:** 120 full-time teaching faculty members. 90% of full-time professors hold doctoral or terminal degree in their field.

**Internships:** Recent placements include Credit Suisse, Lenovo, RTI International, SAS, and Michael Kors.

**Student clubs and organizations:** 100

**Freshmen who receive financial assistance:** Over 95%

Visit. Whether you’ve already visited Meredith or it’s your first time on campus, we’re here to help. Contact the office of Admissions at 1-800-Meredith or by email: admissions@meredith.edu
COME TO MEREDITH.

FIND OUT JUST HOW STRONG YOU ARE.