

NORFOLK STATE UNIVERSITY



**NEW SPARTAN**  
**NEXT STEP**  
**GUIDE**



# YOUR SPARTAN LEGACY HAS BEGUN





# NOW THAT YOU HAVE BEEN OFFICIALLY ACCEPTED.

Please complete the forms within this guide. Once you have filled them out, please detach and mail them to the office indicated on each form. If you have any questions about these forms, please call these offices:

## Orientation & Enrollment Response Form

Please contact the Office of Admissions at (757) 823-8396.

## Residence Hall Application

Please contact the Student Housing Office at (757) 823-8407.

## Medical Form

Please contact the Student Health Center at (757) 278-3360.



# NEW STUDENT ENROLLMENT CHECKLIST

## NEXT STEPS

**CONGRATULATIONS** on your acceptance to Norfolk State University. This checklist contains links to information that will help you begin your enrollment at Norfolk State University. Payment will initiate the enrollment process. As you complete each action, make a copy of the form for your records. Remember, we are here to help you as you continue on your academic journey.

### THINGS TO COMPLETE

(check when action is completed)

	DUE DATE FALL SEMESTER	DUE DATE SPRING SEMESTER
<input type="checkbox"/> <b>Submit Application for Financial Assistance</b> <a href="http://www.fafsa.ed.gov">www.fafsa.ed.gov</a>  <b>Norfolk State University code: 003765</b> <a href="http://www.nsu.edu/enrollment-management/financial-aid/index">www.nsu.edu/enrollment-management/financial-aid/index</a>	March 31, 2018	Oct. 16, 2018
<input type="checkbox"/> <b>Activate your MyNSU account. Set up your NSU email</b> <a href="http://www.nsu.edu/mynsu/first-time-students">www.nsu.edu/mynsu/first-time-students</a>	May 1, 2018	Oct. 16, 2018
<input type="checkbox"/> <b>Submit Orientation Enrollment Deposit (\$200) via MyNSU*</b> <a href="http://www.nsu.edu/mynsu/">www.nsu.edu/mynsu/</a>	May 1, 2018	Oct. 16, 2018
<input type="checkbox"/> <b>Submit Housing Application</b> <a href="http://www.nsu.edu/student-affairs/residence-life/index">www.nsu.edu/student-affairs/residence-life/index</a>	May 1, 2018	Nov. 1, 2018
<input type="checkbox"/> <b>Final High School Transcript</b> (Request from your high school to send in a sealed envelope)	July 1, 2018	Nov. 1, 2018
<input type="checkbox"/> <b>Submit Health Evaluation Form</b> <a href="http://nsuhealthcenter.com/wp-content/uploads/2016/08/Health_History_and_Immunizations_Requirements.pdf">nsuhealthcenter.com/wp-content/uploads/2016/08/Health_History_and_Immunizations_Requirements.pdf</a>	Aug. 1, 2018	Oct. 16, 2018
<input type="checkbox"/> <b>Final College Dual Enrollment Transcript</b> (Send ALL transcripts to the Admissions Office)	July 1, 2018	Nov. 1, 2018
<input type="checkbox"/> <b>Submit all Official College transcripts if currently enrolled at another institution (Transfer Students)</b>	Aug. 1, 2018	Oct. 16, 2018

\* These Fees are non-refundable.



# ORIENTATION & ENROLLMENT FORM

## THIS FORM INDICATES YOUR PLAN TO ENROLL AT NORFOLK STATE UNIVERSITY (NSU).

Please submit this form, along with your **\$200 deposit** no later than  
**May 1st for Fall** and **October 16th for Spring**.

**The \$200 NON-TRANSFERABLE, NON-REFUNDABLE deposit**—\$100 for the orientation, \$100 for the enrollment—will be credited to your NSU account to reserve your space at the University.

This form does not pertain to other NSU offices such as Housing, Financial Aid, and the Spartan Health Center. You must complete the processes for these services separately.

### PLEASE PRINT CLEARLY

NSU ID \_\_\_\_\_ I have been accepted for: Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_

First Name \_\_\_\_\_ Name Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PLEASE CHECK APPROPRIATE SPACE:

**Yes!** I accept your offer of admission and definitely plan to enroll at NSU. I have enclosed a **Certified Cashier's Check or Money Order payable to Norfolk State University in the amount of \$200**. I understand that this is a **NON-TRANSFERABLE and NON-REFUNDABLE deposit** which will be credited to my NSU account. I understand that a separate form and deposit are required for housing.

**Yes**, I accept your offer of admission and will pay the \$200 deposit online at [www.nsu.edu/mynsu/first-time-students](http://www.nsu.edu/mynsu/first-time-students)

I request to defer my application for admission to NSU to the (please select one):  
Fall 20\_\_\_ Spring 20\_\_\_ Summer 20\_\_\_ semester.

**No**, I will not enroll at NSU. Please offer my space to another deserving student.  
I decline your offer of admission because:

I will be attending another institution: \_\_\_\_\_

I have decided not to enroll in any college or university at this time.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form with the required \$200 enrollment deposit to:

**Response – Cashier's Office**  
**Norfolk State University | 700 Park Ave, Norfolk, VA 23504**

Please contact the **Office of Admissions** at [admissions@nsu.edu](mailto:admissions@nsu.edu)  
or (757) 823-8396 or 1-800-274-1821 if you have any questions.

# SPARTAN EMAIL

## ACTIVATE YOUR MYNSU AND SPARTAN EMAIL ACCOUNTS

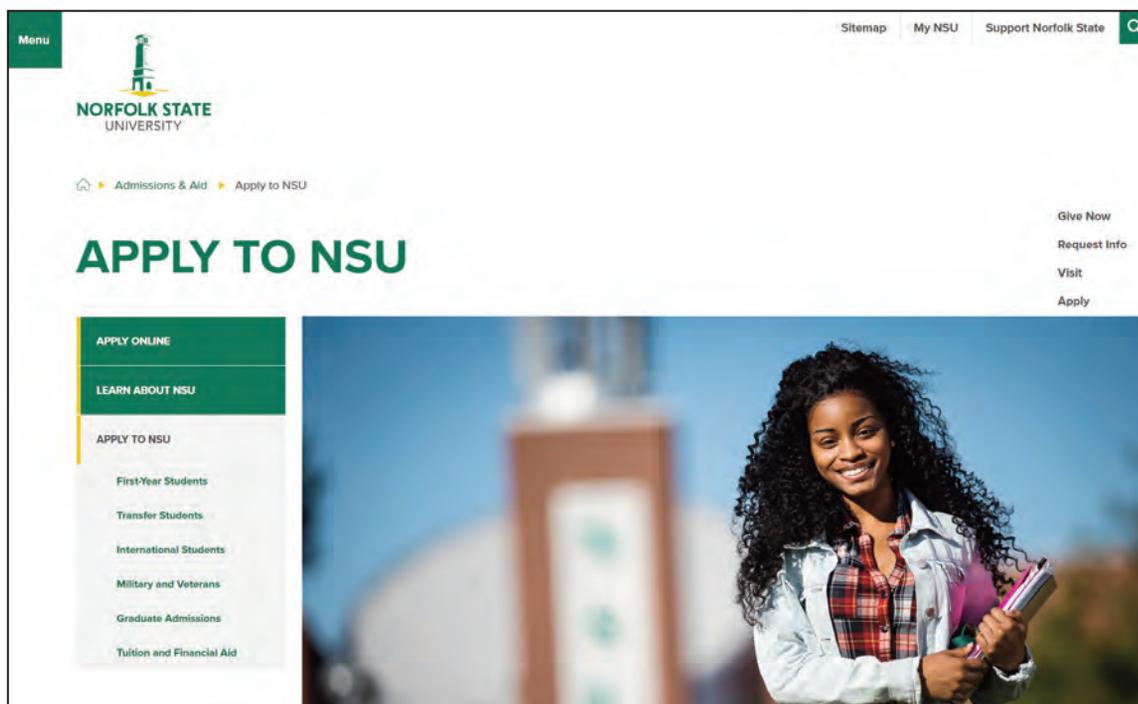
You have taken several steps toward becoming a Spartan. Please follow the instructions below to access MyNSU and your official NSU Outlook Live email account. MyNSU connects students, faculty and staff to information and systems from one point of entry. MyNSU also provides access to your NSU email account, which remains your email account for life. The University only sends official communications to this account. **You should establish your account within two weeks** of being admitted to the University.

To access your MyNSU and email accounts, please follow the MyNSU link [www.nsu.edu/mynsu/first-time-students](http://www.nsu.edu/mynsu/first-time-students)

**This is some of what you can expect to find on that page:**

- Welcome to MyNSU
- Step-by-step instructions
- Help in case you don't know your username, email address or temporary password
- Additional MyNSU Resources

If you have any further questions about accessing MyNSU or your email account, please call **NSU Client Services** at **(757) 823-8678**.



# FINANCIAL AID, SCHOLARSHIPS & TUITION

## HOW WILL YOU PAY FOR IT ALL?

At Norfolk State University, in-state students should expect to pay approximately \$18,902 (out-of-state students will be charged approximately \$31,104) a year for tuition, fees, room and board, based on the current rates for 2017-18 academic year.\* The cost breakdown is as follows:

### Norfolk State University Tuition & Fee Schedule 2017-18

FULL - TIME STUDENTS PER SEMESTER								
No. of Hours	Residing Off - Campus				Residing On - Campus			
	Domicile	Tuition+	Capital Outlay Fee+	Mandatory Fees+	=Tuition & Fees	Room <sup>2</sup>	Board <sup>3</sup>	Total
12 - 18	In-State Undergraduate	\$2,739	Not Applicable	\$1,779	\$4,518	\$3,267	\$1,666	\$9,451
9 - 15	In-State Graduate	\$3,999	Not Applicable	\$1,779	\$5,778	\$3,267	\$1,666	\$10,711
12 - 18	Out-of-State Undergraduate	\$8,460	\$380	\$1,779	\$10,619	\$3,267	\$1,666	\$15,552
9 - 15	Out-of-State Graduate	\$9,697	\$380	\$1,779	\$11,856	\$3,267	\$1,666	\$16,789

\* Please note that any changes to tuition, fees, room and board as well as other fees are available at [www.nsu.edu/Admissions-Aid/Apply-to-nsu/tuition-and-Financial-Aid](http://www.nsu.edu/Admissions-Aid/Apply-to-nsu/tuition-and-Financial-Aid).

At this site, you may also access the Financial Aid Consumer Information Guide which provides additional information including details of the total cost of attendance for other educational expenses.

## FINANCIAL ASSISTANCE

Financial Aid is available to students from federal, state, institutional and private sources, to include institutional grants, scholarships, loans, and work-study employment. Students are offered financial assistance based upon their eligibility and the availability of funds at the time of awarding. Timing is important. The FAFSA is available online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). **Be sure to use the NSU Federal School Code 003765** to ensure receipt of your FAFSA. You may contact the **Office of Financial Aid** for additional information at [FinancialAid@nsu.edu](mailto:FinancialAid@nsu.edu), (757) 823-8381 or 1-800-365-5517.

### Payment Options

There are several options available to ensure timely payment of University charges:

- OPTION 1** Pay balance in full with cash, check, money order, VISA, MasterCard, American Express or Discover at the start of each semester.
- OPTION 2** Pay balance with a combination of financial aid and cash (or one of the payment types in option 1).
- OPTION 3** Pay balance through an interest-free tuition installment plan. For more information on payment plan options, please contact the **Student Accounts Office at (757) 823-9293**.

# HOUSING INFORMATION



required to have a meal plan. On-campus residents have a variety of meal plan options to choose from. Students must indicate their preference when completing the housing application.

## Housing Deadlines for New Students

**Fall Semester – Apply by May 1**

**Spring Semester – Apply by November 1**

*Late applications and deposits will be considered on a first-come, first-served basis.*

## LIVE. LEARN. GROW. TRANSFORM. LEAD.

NSU has a thriving residential community. Students who choose to live on campus are able to take advantage of campus academic support resources, participate in campus organizations and activities, and have increased opportunities for faculty-student interaction outside the classroom, creating a more well-rounded and memorable college experience. Housing & Residence Life staff are committed to fostering a transformative Spartan Residential Experience through a variety of co-curricular programs and services which engage students in active learning, civic engagement, exemplary leadership, and personal development in a diverse, supportive and inclusive environment.

Through collaborative partnerships, Housing & Residence Life provides an array of services, programs, and organizations for you to take advantage of. Some of these include:

- Living-Learning Communities\*
- Pre-Exam Breakfasts
- Residence Hall Association
- Residential Studying & Tutoring Program
- Residential Early Alert System
- RezFest
- Service Projects

# ON-CAMPUS HOUSING

## Applying for Housing

All students interested in on-campus housing must submit an online housing application along with a non-refundable housing deposit, each academic year housing is desired. In addition to the non-refundable deposit, there may be a surcharge for the online fee collected.

### ROOMMATE REQUESTS

You may indicate a specific roommate request on the housing application. Both you and your preferred roommate must pay and apply for housing by the deadline in order for your request to be considered. Requests are not guaranteed but accommodations will be made as availability permits.

### MEAL PLANS

NSU has excellent dining facilities with a variety of options to choose from. All resident students are

# HOUSING INFORMATION



## WHY LIVE ON CAMPUS?

Research shows that students who live on campus perform better academically than students who live off campus. At NSU, research also shows that first-year students who live on campus outperform first-year students who live off campus. Effective the Fall 2016 semester, first-year students are required to live on campus. By implementing this requirement, NSU is joining colleges and universities across America with mandatory housing initiatives in place to increase retention efforts from the first year to the second year and to assist students with persistence to graduation. There are exceptions to this requirement. Students desiring to opt out of living on campus during the first year are required to submit a request in writing to the Office of Housing & Residence Life. For more information, please contact the Office of Housing & Residence Life at (757) 823-8407 or visit [www.nsu.edu/student-affairs/residence-life/index](http://www.nsu.edu/student-affairs/residence-life/index).

### \* Living Learning Communities

Are you looking to ease your transition from high school to college? Living Learning Communities at NSU provide freshmen and upper-class students an opportunity to live and take classes together while participating in exciting activities such as trips, socials, and dinner discussions. For more information, visit [www.nsu.edu/student-affairs/living-learning](http://www.nsu.edu/student-affairs/living-learning).

## Housing Assignments

Email is the official method of communication at the University. Housing assignments are sent to your NSU email account. For the fall semester, first-time students begin receiving their room assignments on April 15th. For students entering in the spring semester, housing assignments are emailed no later than December 1st. Applications received after the deadline will be processed within 2-4 weeks of receipt. Here is what will be included in your assignment email:

- Assigned Residence Hall and Room Number
- Roommate Information
- Important Dates for Check In and Contract Submission
- A List of Suggested Items to Bring to Prepare You for Life on Campus

University Policy dictates that students must be registered for classes or have made satisfactory payment arrangements prior to move-in. Students who are not registered or fail to make satisfactory payment arrangements will be denied access to their space and meal plan.

**Become a part of the Spartan Residential Experience today!** For more information, feel free to contact Housing & Residence Life by phone at (757) 823-8407 or (866) 378-7747, via email at [housing@nsu.edu](mailto:housing@nsu.edu), or online at [www.nsu.edu/student-affairs/residence-life/index](http://www.nsu.edu/student-affairs/residence-life/index).

# NEW STUDENT ORIENTATION

## UNDERGRADUATE DATES

Registration for New Student Orientation is available online at [www.nsu.edu/enrollment-management/nso/index](http://www.nsu.edu/enrollment-management/nso/index)

### During orientation you will:

- Complete math placement testing (incoming freshmen only)
- Attend an academic planning session
- Review your first semester classes
- Learn about many of the resources available to support your continued success at Norfolk State University!

Orientation is required for students. Parents or other adult family members are encouraged to attend with you. Reserve your spot today by visiting [www.nsu.edu/nso/orientation-preview](http://www.nsu.edu/nso/orientation-preview)

### ACADEMIC AREAS

**Friday, June 15** – Transfer Students – All Majors

**Friday, June 22** – Freshmen

College of Science, Engineering, and Technology  
School of Social Work

**Friday, June 29** – Freshmen

College of Liberal Arts  
School of Education

**Friday, July 13**

School of Business Freshmen  
Open to all Transfer Students

**July 27, 28 (Friday, Saturday)**

Freshmen of All Academic Schools

**Wednesday, August 15**

Open to all Academic Schools and all Students

**\*Move-in Day – Saturday, August 11**



**Students are only required to attend one session. Students must bring a photo ID to Orientation.**

Orientation begins at 9 a.m. in the L. Douglas Wilder Performing Arts Center. Students **MUST** establish their MyNSU account and ensure it is operational prior to attending New Student Orientation. **Additional details available online.** If you have any questions, please contact the New Student Orientation Office at **(757) 823-8673** or email [newstudentorientation@nsu.edu](mailto:newstudentorientation@nsu.edu).

**All deposits must be paid prior to attending orientation.**

# HEALTH FORM

## NORFOLK STATE UNIVERSITY Health History and Physical Form (Sections I - IV)

Virginia State Law (Code 23-7.5) requires all students to submit a completed Health History and Immunization record. Sections I, II and IV of this form are required by law; however, section III is optional (highly recommended).

### CONFIDENTIAL

#### Section I - Required

Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
*Last First Middle*

Classification \_\_\_\_\_ Major \_\_\_\_\_  On-Campus  Off-Campus

Home Address \_\_\_\_\_  
*Street City State Zip*

Local Address \_\_\_\_\_  
*Street City State Zip*

Birthdate \_\_\_\_\_ Soc Sec# \_\_\_\_\_ Local telephone #(\_\_\_\_)

Emergency Contact \_\_\_\_\_ (\_\_\_\_)  
*Name Relationship*

Family Physician \_\_\_\_\_ (\_\_\_\_)  
*Name*

Insurance Information \_\_\_\_\_  
*Name of Insured Insurance Company Policy #*

I certify that the above information is correct. I give permission to Norfolk State University or its representative(s) to: 1) Secure healthcare services which may include transportation to a health care provider and/or to a hospital in case of a serious or emergent illness or injury, physical examination, injection(s) treatment(s) and diagnostics; and 2) To release health information to persons who have legitimate need to know as defined by state and federal regulations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian for Student under age 18 \_\_\_\_\_ Date \_\_\_\_\_

#### Allergies

List all

Type of reaction

Food(s) \_\_\_\_\_

Medications \_\_\_\_\_

Other \_\_\_\_\_

#### Current Medications

Name

Dosage

Frequency (include over-the-counter & Herbal)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Hospitalization/Surgery

Year

Reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# HEALTH FORM

## Section II - Required

### Personal History

Have you had or are you now experiencing any of the following? If yes, note date of occurrence if known:

	Yes	No	Date
<b>Head/neurological</b>			
Frequent headaches/migraines	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head Injuries	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Eyes</b>			
Vision or eye problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Glasses or contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Ear/nose/throat</b>			
Allergies or hay fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ear of hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental problems or TMJ	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Skin</b>			
Severe acne or skin disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
New or changing moles	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Blood disorder</b>			
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enlargement of glands or lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Heart/circulation/chest</b>			
Severe chest pain or pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart disease or murmur	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rapid or irregular pulse	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood clots or vein problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Respiratory</b>			
Chronic cough (over 1 month)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis or positive PPD	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	_____

	Yes	No	Date
<b>Gastrointestinal</b>			
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bowel movement problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood in stool	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Musculoskeletal</b>			
Swollen or painful joints or extremities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic or severe back problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Chronic diseases</b>			
Diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sickle cell disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevated cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Genitourinary</b>			
Urinary or kidney problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Additional medical history</b>			
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unusual fatigue (over 1 month)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Recent gain or loss of Weight (over 10 pounds)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# HEALTH FORM

## Section III – Optional (Recommended)

**\*\*ALL OF THE FOLLOWING INFORMATION\*\*  
IS TO BE COMPLETED BY A PHYSICIAN**

### Measurements

Height \_\_\_\_\_ Weight \_\_\_\_\_

### Vital Signs

Pulse \_\_\_\_\_ Blood pressure \_\_\_\_\_ / \_\_\_\_\_

### Vision

Right 20/\_\_\_\_\_ Corrected to 20/\_\_\_\_\_ Left 20/\_\_\_\_\_ Corrected to 20/\_\_\_\_\_

### Laboratory (if indicated)

Results	Results	Results
CBC _____	Urinalysis _____	Other _____
Serology _____	Sickle Cell _____	Other _____

**Please mail to:  
NSU Spartan Health Center  
700 Park Ave | Norfolk, VA 23504**

**For questions: (757) 278-3360**

## PHYSICAL EXAMINATION

SYSTEMS	FINDINGS
General appearance	
HEENT	
Cardiovascular	
Lungs	
Breast	
Abdomen	
Genitalia	
Musculoskeletal	
Spine	
Skin and lymphatic	
Neurological	

**SUMMARY OR ASSESSMENT AND DIAGNOSIS:** \_\_\_\_\_

**RECOMMENDATIONS:** \_\_\_\_\_

Typed/printed name of physician

Signature

Date

# HEALTH FORM

## Section IV – (Part I, Required)

### IMMUNIZATION RECORD

To be completed and signed by a health care provider

#### I - VIRGINIA STATE LAW (23-7.7) REQUIRES THE FOLLOWING VACCINATIONS: (Please check the appropriate boxes)

##### A. Combined immunization: MEASLES, MUMPS AND RUBELLA (must have two doses documented)

- |   |                       |
|---|-----------------------|
| 1. <input type="checkbox"/> Individuals born before 1957 are considered immune                            | Date                  |
| 2. <input type="checkbox"/> Dose 1  | _____ / _____ / _____ |
| 3. <input type="checkbox"/> Dose 2  | _____ / _____ / _____ |
| <b>OR</b> 4. <input type="checkbox"/> Titer indicating immunity (please submit copy) <b>proceed to C.</b> | _____ / _____ / _____ |

##### B. Individual immunizations: IF given instead of combined MMR (must have two doses documented)

###### MEASLES

- |  |                       |
|--|-----------------------|
| 1. <input type="checkbox"/> Individuals born before 1957 are considered immune       |                       |
| 2. <input type="checkbox"/> Dose 1   | _____ / _____ / _____ |
| 3. <input type="checkbox"/> Dose 2   | _____ / _____ / _____ |
| <b>OR</b> 4. <input type="checkbox"/> Titer indicating immunity (please submit copy) | _____ / _____ / _____ |

###### MUMPS

- |  |                       |
|--|-----------------------|
| 1. <input type="checkbox"/> Individuals born before 1957 are considered immune |                       |
| 2. <input type="checkbox"/> Immunization with vaccine                          | _____ / _____ / _____ |

###### RUBELLA

- |  |                       |
|--|-----------------------|
| 1. <input type="checkbox"/> Individuals born before 1957 are considered immune       |                       |
| 2. <input type="checkbox"/> Immunization with vaccine                                | _____ / _____ / _____ |
| <b>OR</b> 3. <input type="checkbox"/> Titer indicating immunity (please submit copy) | _____ / _____ / _____ |

##### C. TETANUS-DIPHTHERIA

- |   |                       |
|---|-----------------------|
| 1. <input type="checkbox"/> Completion of primary series of Diphtheria, Tetanus and Pertussis | Yes _____ No _____    |
| 2. <input type="checkbox"/> Tetanus-Diphtheria Booster ( <b>within the last 10 years</b> )    | _____ / _____ / _____ |

##### D. POLIO

- |   |                       |
|---|-----------------------|
| 1. <input type="checkbox"/> Completion of primary series in childhood | Yes _____ No _____    |
| 2. <input type="checkbox"/> Last Booster                              | _____ / _____ / _____ |

#### II - (RECOMMENDED) VACCINATIONS:

##### A. PPD SCREEN (must be done yearly)

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> Negative | _____ / _____ / _____             |
| 2. <input type="checkbox"/> Positive | CXR results _____ / _____ / _____ |
|                                      | Treatment _____                   |

##### B. HEPATITIS B

- |                                    |                       |
|------------------------------------|-----------------------|
| 1. <input type="checkbox"/> Dose 1 | _____ / _____ / _____ |
| 2. <input type="checkbox"/> Dose 2 | _____ / _____ / _____ |
| 3. <input type="checkbox"/> Dose 3 | _____ / _____ / _____ |

##### C. MENINGOCOCCAL VACCINE

Required as of 04/01 Vaccine or Waiver \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

##### D. VARICELLA VACCINE

- |   |                       |
|---|-----------------------|
| 1. <input type="checkbox"/> Has had disease           | _____ / _____ / _____ |
| 2. <input type="checkbox"/> Dose 1                    | _____ / _____ / _____ |
| 3. <input type="checkbox"/> Dose 2                    | _____ / _____ / _____ |
| 4. <input type="checkbox"/> Titer indicating immunity | _____ / _____ / _____ |

Health Care Provider \_\_\_\_\_  
Name Signature Title

Address \_\_\_\_\_ phone number (\_\_\_\_) \_\_\_\_\_

Please mail completed form to:  
Spartan Health Center  
Norfolk State University  
700 Park Avenue  
Norfolk, Virginia 23504

**(O.A.S.I.S.)**

# OFFICE OF ACCESSIBILITY SERVICES/ INTERNATIONAL STUDENT SERVICES

## **(O.A.S.I.S.)**

**O.A.S.I.S.** is a department that consists of two distinct areas. Accessibility Services (post-secondary level) provides reasonable accommodations to students with disabilities (SWD). International Student Services creates the Certificate of Eligibility (I20) and monitors nonimmigrant student status.

**O.A.S.I.S.** is located in the Student Services Center in Suite 110; Telephone Number: **(757) 823.8325**.

Accessibility Services contact person is Ms. Audrey M. Wells, Coordinator. International Student Services contact person is Mrs. Beverly B. Harris, PDSO (Principal Designated School Official).

## **Accessibility Services**

Once you have been accepted to the University, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, we ask if you have a disability or think you have

a disability to please contact O.A.S.I.S. Students are asked to schedule appointments with the Coordinator to discuss the process required to receive reasonable accommodations. Students registered with Accessibility Services are encouraged to participate in the Student Support Group, Accessibility Services Club, the NSU LIONS Club, and other extracurricular activities here on campus!

## **International Student Services**

The international students, on the post-secondary level, travel to the United States as F1 students for the sole purpose of obtaining their education whether Bachelor's, Master's or Doctorate. International Students report to the PDSO immediately upon arrival to the University and maintain a relationship with the PDSO for the duration of their stay. International Students are encouraged to participate in the Annual Spring International Festival Day/Week, International Orientation, the NSU LIONS Club, and other extracurricular activities here on campus.



# NUMBERS YOU NEED TO KNOW

## IMPORTANT NUMBERS

Regarding room deposits, room assignments,  
or other housing related concerns:

**Office of Housing & Residence Life**  
**Student Services Center, Suite 308**  
**(757) 823-8407**

**New Student Orientation  
and Registration**  
**(757) 823-8673**

Regarding financial aid and/  
or financial aid application status; call or visit:

**Office of Financial Aid**  
**Student Services Center, Suite 211**  
**(757) 823-8381**

Regarding the cost of tuition, fees,  
or billing; call or visit:

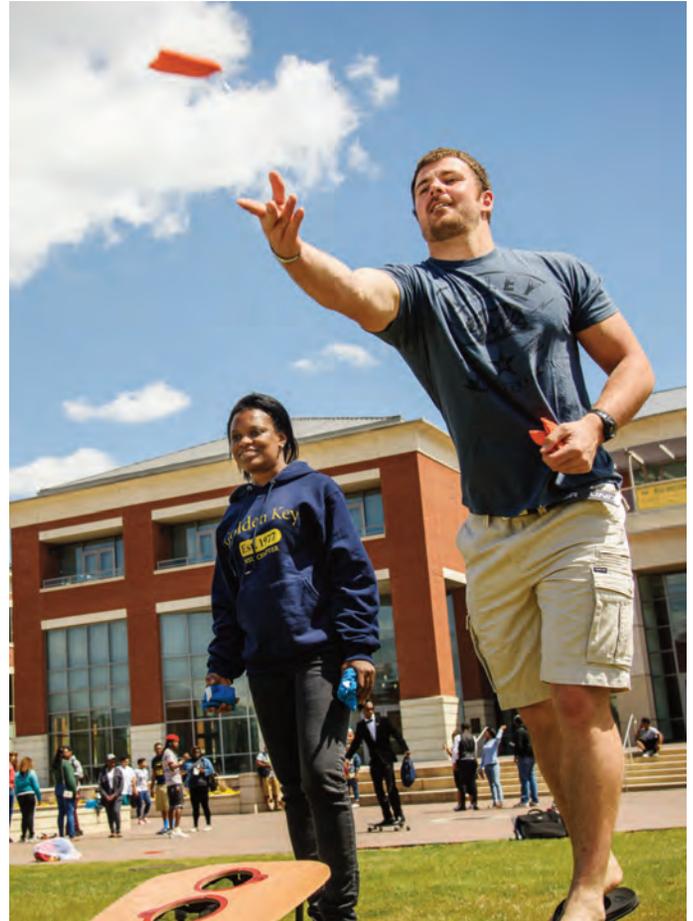
**Student Accounts**  
**Student Services Center, Suite 209**  
**(757) 823-9293**

Regarding the Honors Program; call

**Honors College**  
**Brown Hall, Room 236**  
**(757) 823-8208**

Regarding deposit and fee payments; call

**Cashier's Office**  
**Student Services Center**  
**(757) 823-2923**










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