

# New Student Forms 10/22/2021

Please complete forms **ONLINE** when possible – doing so will make sure a copy is sent to your email and the office it is intended for. A link to forms can be found at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents).

When forms listed below have a note stating “Must log into MyMarian”, it means we will be asking for sensitive information and you’ll need your Marian student email and password to log in – which you should receive within 2 weeks of signing up for New Student Registration - watch for an email with subject line: *Student Account Info*.

## All Students Complete these Forms:

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- ONLINE FORM | **Parking Permit** *(Cannot purchase until after July 1)*
- ONLINE FORM | **Parent/Guardian Information**
- ONLINE FORM | **Public Relations Press and Photo/Video Release**
- ONLINE FORM | **Request for Non-Disclosure of Directory Information** *(Must log into MyMarian)*
- ONLINE FORM | **FERPA Student Information Release** *(Must log into MyMarian)*  
*Required for students who want to give someone else (ie. a parent) permission to talk to Marian about billing, financial aid, etc...*

## Complete Housing Forms if **Living On Campus**:

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- ONLINE FORM | **Room and Board Contract Spring 2022** *(complete one contract depending on when you start)*
- ONLINE FORM | **Room and Board Contract Fall 2022-Spring 2023** *(complete one contract depending on when you start)*
- ONLINE FORM | **Roommate Questionnaire**
- ONLINE PAYMENT | **\$110 Housing Deposit**

## Complete Medical Forms if **Living On Campus** and/or you are a **Student-Athlete**:

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**Forms due August 1<sup>st</sup> if your classes begin in the fall, or January 1<sup>st</sup> if your classes begin in the spring.**

- ONLINE FORM | **TB Screening Questionnaire**
- ONLINE FORM | **Medical History**
- PRINT & MAIL FORM | **Physical Examination** *(requires doctor signature & must be done within 6 months of due date)*
- EMAIL | **Copy of Insurance Card - front and back** *(send to [jsschrauth11@marianuniversity.edu](mailto:jsschrauth11@marianuniversity.edu))*
- EMAIL | **Copy of Immunization/Vaccine Records** *(send to [jsschrauth11@marianuniversity.edu](mailto:jsschrauth11@marianuniversity.edu))*

## Complete Additional Medical Forms if you are a **Student-Athlete**:

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**Marian University requires students on any varsity team roster to submit both Marian and NCAA documents.**

**Forms due August 1<sup>st</sup> if your classes begin in the fall, or January 1<sup>st</sup> if your classes begin in the spring.**

### **Marian Required Documents:**

- PRINT & MAIL FORM | **Clearance** *(requires doctor signature)*
- PRINT & MAIL FORM | **ADHD – if applicable** *(requires doctor signature)*

### **NCAA Required Documents:**

Student-athletes receive an email (as early as late-May) with a link to **Front Rush** – where you will set up an account needed for gaining access to additional documents required by the NCAA. If you have any questions, please contact Sports Medicine | Kathryn Kittleson - Assistant Athletic Trainer | 920.923.8588

## Complete this Additional Form if you are an **EXCEL Student**

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**Submit only if your acceptance letter clearly indicates you are admitted to Marian through the EXCEL Program.**

- ONLINE FORM | **EXCEL Agreement Fall 2021-Spring 2022**
- COMING SOON! | **EXCEL Agreement Fall 2022-Spring 2023**

# MARIAN UNIVERSITY

## Student Financial Responsibility Agreement

Required for all students.

Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Student ID#:

Office of Business and Finance  
45 S. National Ave.  
Fond du Lac, WI 54935  
Phone (920) 923-8551  
obf@marianuniversity.edu

I agree that when I register for any class at Marian University or receive any service from Marian University, I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result of my registration and/or receipt of educational services. I further agree that my registration and acceptance of these terms constitutes a contractual agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Marian University is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees, and other associated costs by the published or assigned due date.

I agree that if I drop or withdraw from some or all of the classes for which I registered, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule found in the Academic Bulletin at <https://www.marianuniversity.edu/academic-programs/academic-bulletin/>. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further agree my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

### **DELINQUENT ACCOUNT/COLLECTION**

**Financial Hold:** I agree that if I fail to pay my student account bill or any monies due and owing Marian University by the scheduled due date, Marian University will place a Financial Hold on my student account, preventing me from making changes to my current schedule, registering for future classes, obtaining official transcripts, and receiving my diploma.

**Late Payment Charge:** I agree that if I fail to pay my student account bill or any monies due and owing Marian University by the scheduled due date, Marian University may assess a monthly \$10 late payment fee as well as finance charges at a rate of up to 1% per month on the past-due portion of my student account until my past due account is paid in full.

**Non-Sufficient Funds Returned Payment:** If payment made to my Marian University student account is returned by the bank for any reason, I agree to repay the original amount of the payment plus a \$35.00 Non-Sufficient Funds (NSF) fee which will be assessed to my student account.

**Collection Costs:** I agree that if I fail to pay my student account bill or any monies due and owing to Marian University by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Marian University may refer my account to an outside collection agency. I further agree that if Marian University refers my student account balance to a third party for collection, whether an attorney or collection agency, I will be responsible for any costs (including but not limited to collection fees) associated with attempting to collect the monies due and owing. I agree that a collection fee may be assessed and will be due and owing in full at the time of the referral to the third party. The collection fee will be calculated at the maximum amount permitted by applicable law but not to exceed 50% of the amount outstanding. For purposes of this provision, the third party may be a debt collection agency or attorney. If a lawsuit is filed to recover an outstanding balance, I shall also be responsible for any costs associated with the lawsuit such as court costs or other applicable costs. Finally, I agree that my delinquent account may be reported to one or more of the national credit bureaus.

**Bankruptcy:** I agree that funds advanced under this Financial Responsibility Agreement are for educational benefit, and constitute a student loan which is not generally dischargeable under U.S. Bankruptcy Code. Bankruptcy of a financial sponsor in no way changes the underlying financial obligation of the student to pay the account and/or student loans.

## COMMUNICATION

**Method of Communication:** I agree that Marian University uses my assigned University email address as an official method of communication with me and therefore, I am responsible for reading the emails I receive from Marian University on a timely basis.

**Contact:** I authorize Marian University and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Marian University, or to receive general information from Marian University. I authorize Marian University and its agents and contractors to use automated telephone equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call or text my cell phone using automated telephone dialing equipment by submitting a clear revocation request to the Office of Business and Finance at [obf@marianuniversity.edu](mailto:obf@marianuniversity.edu) or to the applicable contractor or agent contacting me on behalf of Marian University.

**Updating Contact Information:** I agree that I am responsible for keeping Marian University records up to date with my current mailing addresses, email addresses, and phone numbers by completing a Change of Name-Address Form found at: <https://my.marianuniversity.edu/OfficesAndServices/registrar/Documents/Student%20Forms/Change%20of%20Name-Address%20Form.pdf> . Upon leaving Marian University for any reason, it is my responsibility to provide Marian University with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to Marian University.

## FINANCIAL AID

I agree that aid described as “anticipated” on my Financial Aid Award does not represent actual or guaranteed payment, but is an estimate of the aid I may receive if I meet all requirements stipulated by that aid program.

I agree that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I drop any class before completion, I agree that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked.

If some or all of my financial aid is revoked because I dropped, withdrew, or failed to attend class, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

I agree to allow financial aid I receive to pay any and all charges assessed to my account at Marian University such as tuition, fees, campus housing and meal plans, student health insurance, parking permits, service fees, fines, bookstore charges, or any other amount, in accordance with the terms of the aid.

**Federal Aid:** I agree that any federal Title IV financial aid that I receive, except for Federal Work Study wages, will first be applied to any outstanding balance on my account for tuition, fees, room and board. Title IV financial aid includes aid from the Pell Grant, Supplemental Educational Opportunity Grant (SEOG), Direct Loan, PLUS Loan, and TEACH Grant programs. I authorize Marian University to apply my Title IV financial aid to other charges assessed to my account such as student health insurance, parking permits, bookstore charges, service fees and fines, and any other education-related charges. I further agree this authorization will remain in effect until I rescind it or the end of the term in which I have acknowledged and agreed to its terms, and I may withdraw it at any time by specific written request to the Office of Business and Finance at [obf@marianuniversity.edu](mailto:obf@marianuniversity.edu).

**Prizes, Awards, Scholarships, Grants:** I agree that all prizes, awards, scholarships and grants awarded to me by Marian University will be credited to my student account and applied toward any outstanding balance. I further agree that my receipt of a prize, award, scholarship or grant is considered a financial resource according to federal Title IV financial aid regulations, and may therefore reduce my eligibility for other federal and/or state financial aid (i.e., loans, grants, Federal Work Study) which, if already disbursed to my student account, must be reversed and returned to the aid source.

## **METHOD OF BILLING**

I agree that Marian University uses *both* paper and electronic billing. I agree that I am responsible for viewing and paying my student account by the scheduled due date. I further agree that failure to receive a paper statement or review my bill online does not constitute a valid reason for not paying my bill on time. I agree that current charge and credit detail is available to me 24/7 via my MyMarian Sabrenet account and it is my responsibility to view my account detail and pay my account balance by the published due date(s).

## **BILLING ERRORS**

I agree that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at Marian University.

## **PRIVACY RIGHTS & RESPONSIBILITIES**

I agree that Marian University is bound by the Family Educational Rights and Privacy Act (FERPA) which prohibits Marian University from releasing any information from my education record without my written permission. Therefore, I agree that if I want Marian University to share information from my education record with someone else, I must provide written permission by completing a FERPA release form found at <https://my.marianuniversity.edu/OfficesAndServices/registrar/Documents/Student%20Forms/FERPA%20Student%20Information%20Release%20Authorization%20Form.aspx> and submitting it to the Office of the Registrar.

I further agree that I may revoke my permission at any time by following the same procedure.

## **WITHDRAWAL**

If I decide to completely withdraw from Marian University, I will complete and submit a Withdrawal from University form found at

<https://my.marianuniversity.edu/OfficesAndServices/registrar/Documents/Student%20Forms/Withdraw%20from%20the%20University%20Request%20Form.pdf> .

## **IRS FORM 1098-T**

I agree to provide my Social Security number (SSN) or taxpayer identification number (TIN) to Marian University upon request as required by Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN to Marian University, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN.

I consent to receive my annual IRS Form 1098-T, Tuition Statement, in either the form of a paper copy which will be mailed to the address I have on file with Marian University, or it may be made available electronically from Marian University. Should Marian University offer electronic 1098-T forms, I can still request a paper copy.

## **STUDENT AGE**

I agree that if I am younger than the applicable age of majority (18 years old) when I execute this agreement that the educational services provided by Marian University are a necessity, and I am contractually obligated pursuant to the "doctrine of necessities." I further agree that my continued acceptance of educational services provided by Marian University in exchange for payment after I reach the age of majority constitutes ratification of the original agreement.

## **ENTIRE AGREEMENT**

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and Marian University, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement may be modified by Marian University if the modification is signed or electronically acknowledged and agreed to by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.

**READ THIS ENTIRE AGREEMENT CAREFULLY. IT CONSTITUTES A CONTRACT CREATING FINANCIAL OBLIGATIONS THAT CANNOT BE DISCHARGED IN BANKRUPTCY. IT ALSO GRANTS TO MARIAN UNIVERSITY THE RIGHT TO WITHHOLD STUDENT AID IF YOU FAIL TO MEET YOUR OBLIGATIONS.**

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

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

### **ADDITIONAL TITLE IV AUTHORIZATIONS**

I authorize and agree to allow Marian University to apply any excess Title IV funds from a current academic year and/or semester to unpaid balances from a previous academic year and/or semester in excess of the current Title IV \$200.00 guideline. I agree that Marian University will refund me any remaining Title IV funds resulting in a credit balance once the previous academic year and/or semester balance is paid in full.

I further understand that this authorization will remain in effect until I rescind it.

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

Revised: 5/1/18, 1/10/19, 9/24/19, 10/17/19, 3/24/20, 6/25/21

# MARIAN UNIVERSITY

## FERPA Student Information Release Authorization 1/15/21

Strongly recommended for all students.

Submit **ONLINE FORM** at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Student ID#:

Office of the Registrar

45 S. National Ave.

Fond du Lac, WI 54935

Phone (920) 923-7618

registraro@marianuniversity.edu

The Family Educational Rights and Privacy Act of 1974 governs the release of records maintained by the University, and access to student records, including requests for information from parents, guardians, spouses, or others, as designated by the student.

**Students who want to allow information to be released to individuals, or students who want to receive information over the telephone, in person, or electronically** must complete the Information Release Form, providing a standing release to the University to disclose education information regarding tuition, financial aid, scholarships, academics, housing, or academic advising (see Information Types Allowed).

Please note that the authorization to release information has no expiration date; however, it may be revoked at any time with a written request sent to the same address.

### Required Student Information:

Student Last Name

Student First Name

Student ID Number

AND

SSN (Last 4 digits)

Telephone Number

When contacting University Offices to inquire about specific information, myself and/or the individual identified below must provide the following password. Password may be letters and/or numbers; no minimum; maximum 20 characters.

Password:

### Release information to myself and the following individual with the appropriate password:

Last Name

First Name

Relationship to Student

Email Address

Students must complete a separate form for each third party to whom they want to grant access.

### Information Types Allowed. Check one or more of the boxes below to grant authorization:

- Academic (grades/GPA, demographics, registration, academic progress status, advising, enrollment)
- Financial (billing, tuition, payments, charge amounts, financial aid awards)
- Disciplinary
- Physiological
- Extracurricular Activities

For information to be released to a designated third party, the student's ID number and the relationship to the student must be provided along with the student-created password. It is the student's responsibility to give that required information to the designated third party. A third party that is not correctly identified and verified will be denied. Students may update the password and list of third parties at any time.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# MARIAN UNIVERSITY

Student ID#:

# Request for Non-Disclosure of Directory Information 10/24/16

Recommended for all students.  
Submit **ONLINE FORM** at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

**Office of the Registrar**  
45 S. National Ave.  
Fond du Lac, WI 54935  
Phone (920) 923-7618  
registraroffice@marianuniversity.edu

The items listed below are designated as "Directory Information" and may be released for any purpose at the discretion of our institution.

Under the provisions of the *Family Educational Rights and Privacy Act of 1974, as Amended*, you have the right to withhold the disclosure of any or all of the items of directory information listed below. Please consider very carefully the consequences of any decision by you to withhold any item of directory information. Should you decide to inform the institution not to release any, or all, of this directory information, any future requests for such information from non-institutional persons or an organization will be refused.

The institution will honor your request to withhold any of the items listed below but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Please mark the appropriate boxes for any public or directory information you **do not** want the institution to disclose. Sign below. **Return this form to the Office of the Registrar.**

- 
- Student name
  - Address
  - Telephone number
  - E-mail address
  - Photograph
  - Dates of attendance
  - Previous institutions attended
  - Major fields of study
  - Enrollment status (graduate or undergraduate; full- or part-time, withdrawn)
  - Awards (but not scholarships)
  - Honors (e.g., Latin Honors, Dean's List recognition)
  - Degree(s) conferred (including dates)
  - Past and present participation in officially recognized sports and activities
  - Physical factors (height, weight) of athletes
  - Date and place of birth

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Release Information field in PC updated      Date Processed: \_\_\_\_\_ Initial: \_\_\_\_\_

# MARIAN UNIVERSITY

## Parent/Legal Guardian Information 4/7/21

Recommended for all students.  
Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Student ID#:

Office of Student Life  
45 S. National Ave.  
Fond du Lac, WI 54935  
(920) 923-8963  
studentlife@marianuniversity.edu

We will not share your personal information with other individuals or organizations without your permission. You may opt out at any time. The information you provide will be used to send:

- evaluations on our orientation programs,
- important student information, and
- updates on what is happening on our campus.

STUDENT		
First Name	M.I.	Last Name
Student ID	Email	
PARENT/GUARDIAN #1		
First Name	Last Name	
Relationship to Student		
Cell Phone*	Are you a Marian Alumni? <input type="checkbox"/> No <input type="checkbox"/> Yes, Graduation Year:	
Email*		
Street Address & Apartment Number		
City	State	Zip
<input type="checkbox"/> Opt-in to receive University emergency alert messages. *Cell phone and email are required.		
PARENT/GUARDIAN #2		
First Name	Last Name	
Relationship to Student		
Cell Phone*	Are you a Marian Alumni? <input type="checkbox"/> No <input type="checkbox"/> Yes, Graduation Year:	
Email*		
Street Address & Apartment Number		
City	State	Zip
<input type="checkbox"/> Opt-in to receive University emergency alert messages. *Cell phone and email are required.		



# MARIAN UNIVERSITY

## Public Relations Press and Photo/Video Release 4/7/21

Recommended for all students.  
Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Student ID#:

Office of Marketing and  
Communications  
45 S. National Ave.  
Fond du Lac, WI 54935  
(920) 923-7602  
omc@marianuniversity.edu

### NEWS RELEASE:

Your consent allows Marian University to post your name for accomplishments including: Dean's List, scholarship awards, and graduation on the Marian University website and social media.

### PHOTO/VIDEO RELEASE:

Your consent allows Marian University to:

- Record your image and voice on a video, audio, photographic, digital, electronic, or any other medium.
- Use your name in connection with these recordings.
- Use, reproduce, exhibit, or distribute in any medium (ex: print publications, video, internet/social media, YouTube, CD/DVD) these recordings for any purpose deemed appropriate, including promotional or advertising efforts.

Marian University and those acting pursuant to its authority are released from liability for any violation of personal or proprietary right I may have in connection with such use. All recordings, in whatever medium, shall remain the property of Marian University.

Please print clearly.

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Home City and State: \_\_\_\_\_

NEWS RELEASE:  I give my consent.  I do NOT give my consent.

PHOTO/VIDEO RELEASE:  I give my consent.  I do NOT give my consent.

My signature indicates I have read and fully understand the terms of this release.

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

Parent/Guardian signature required if student under age 18.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MARIAN UNIVERSITY

## Room and Board Contract Fall 2021-Spring 2022 <sup>4/7/21</sup>

Required if you will be living on campus.  
Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Student ID#:

**Office of Residence Life**  
45 S. National Ave.  
Fond du Lac, WI 54935  
(920) 923-8091  
residencelife@marianuniversity.edu

This document establishes terms and conditions of occupancy in the Marian University residence halls and enrollment in the dining service program.  
**Priority placement requires a completed contract submitted by June 1, 2021.**

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

Home Address/Apartment: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Parent/Legal Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ 1) \_\_\_\_\_

Email: \_\_\_\_\_ 2) \_\_\_\_\_

**College Experience:**  First Time in College  Transferring to Marian from another College  Currently Attending Marian

**University Class Standing as of Fall 2021:**  First-Year  Sophomore  Junior  Senior

**Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Legal Sex:**  Female  Male **Gender Identity:** \_\_\_\_\_

*Marian University participates in federal financial aid programs, therefore we are required to report data (including legal sex) to the U.S. Department of Education. Collecting gender identity is important to our University to ensure we are supporting all students' experiences.*

**Roommate Request** First and Last Name of person you prefer to share a room with: \_\_\_\_\_

*You and your preferred roommate must both have each other's name on your applications for the request to be honored.*

### FIRST-YEAR STUDENTS

#### Freshman (Housing without a kitchen)

##### Rank your Housing Options:

- \_\_\_\_\_ Naber Hall Double
- \_\_\_\_\_ Courtyard House Double
- \_\_\_\_\_ Courtyard House Triple

##### Select your Meal Plan:

- A: Unlimited Meals + 60 pts
- B: Unlimited Meals + 160 pts

These units are for first-year students under the age of 21, and are substance and alcohol free regardless of legal age.

**\$110 housing deposit** must be submitted for priority placement.

### UPPERCLASS STUDENTS

#### Sophomore, Junior, Senior (Housing with a kitchen)

##### Rank your Housing Options:

- \_\_\_\_\_ Courtyard Efficiency Dbl
- \_\_\_\_\_ Townhouse Single
- \_\_\_\_\_ Townhouse Double
- \_\_\_\_\_ Duplex Single
- \_\_\_\_\_ Duplex Double
- \_\_\_\_\_ Cedar Creek Single
- \_\_\_\_\_ Cedar Creek Double

##### Select your Meal Plan:

- A: Unlimited Meals + 60 pts
- B: Unlimited Meals + 160 pts
- C: 75 Block Meals + 60 pts

**Failure to disclose may result in immediate cancellation of this contract as well as other University administration or disciplinary actions:**

- No  Yes Have you ever been removed from resident housing at Marian University or another institution for disciplinary reasons?
- No  Yes Have you ever been charged with or convicted of a felony?

#### My signature below indicates:

- ✓ I have read and understand the terms of agreement and cancellation as described on the following page of this contract.
- ✓ I understand this contract is binding for the entire academic year (fall and spring semesters), adjustments may be made in the case of mid-year graduation, and a new contract must be completed each year.
- ✓ I understand all first- and second-year students are required to live on campus if unmarried and younger than 21, unless living with a parent/guardian within a 35 mile radius from campus. Students who claim commuter exemption and do not reside with their parent/guardian are subject to being charged for a residence facility room.

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*Parent/Legal Guardian signature required if student is not 18 years or older*

OFFICE USE

Date Rcvd:

Date Paid:

Room:

Mailbox:

**Contract Terms:** This contract is binding for the entire academic year (dates listed below). All residents must be a full-time student at Marian University (12-credit minimum). Residence halls are designed to support students and their academic pursuits. In order for students to remain in the residence halls, students must be regularly attending class and making sufficient academic progress. Failure to attend classes could result in the student's removal from the Residence Facilities. The University reserves the right to refuse any applications. **No refund for incoming first-year students after May 1, 2021. Priority placement deadline is June 1, 2021.**

**Dates of Occupancy:**

- **August 27, 2021 – May 6, 2022 (Academic Year):** This *Room and Board Contract* is in effect the entire academic year.
- **December 10, 2021 – January 16, 2022 (Winter Break):** All housing is closed. Students must vacate and check out and vacate 24 hours following their last exam or winter graduation.
- **January 3–16, 2022 (Winterim):** Students wishing to remain on campus during this time will need a winterim housing contract.
- **January 14, 2022 (Spring Semester):** Housing will reopen at 10:00 a.m.
- **May 6, 2022 (Summer):** Housing will close for the summer at 5:00 p.m. Students wishing to remain on campus during this time will need a summer housing contract.
- **May 8, 2022 (Day after Commencement):** Students participating in Spring Graduation must vacate no later than 4:00 p.m.
- Students who have their contracts terminated must move out within a time-frame determined by the Director of Residence Life.

**Board participation is required of all resident students.** First-year students must have the Unlimited Meal Program regardless of housing option choice. Returning students may change their meal plan until the add/drop dates in the semester. The unlimited access program offers continuous service from 7:30 a.m. until 7 p.m. Residents living in apartment-style housing with a kitchen may have any meal plan. Any unused meals for the fall semester are forfeited if the student is no longer a resident for the spring semester, and any unused meals for the academic year are forfeited at the end of the spring semester at 6 p.m. on the last day of finals; unused points will be carried over to the next semester if the student maintains at least 12 credits. **Food service may not be provided during breaks when classes are not in session (please check with Campus Dining Services for details).**

**Space Assignments:** The *Room and Board Contract* entitles residents to a space on campus, not a specific room or apartment. The University reserves the right to make and alter housing assignments and billing, or consolidate persons paying less than full value and/or to maximize occupancy of the space. Consolidation may occur before and/or during occupancy. This *Room and Board Contract* is not assignable, and subletting is prohibited. The only person(s) who may reside in the room are those who have been assigned to it by the University.

The University will not guarantee a student's space if not occupied on the first Friday of that semester's classes by 4:30 p.m. Returning students must be registered by August 1 (in good financial standing). Residence Life will not assign roommates based on race, ethnicity, religion, or sexual orientation. A resident who refuses to accept a roommate, or in the judgment of the University, attempts to force a roommate out of a shared premises may face disciplinary sanctions including paying the cost of the vacancy. After day of opening, no room changes may occur until after the third week of each semester without approval by the designee. Room changes must be approved by the Office of Residence Life. Students may request to be placed on a preferred housing wait list after their initial assignment has been confirmed.

**Room Contents:** The resident agrees to accept responsibility for all property assigned to the room, or apartment and agrees to pay for loss or damages not due to ordinary wear and tear. All University furnishings must remain in the resident's assigned room or apartment. There is to be no alterations to the room. Quantity and condition of campus housing furniture is confirmed at check-in with Residence Life staff and considered "as is" upon move-in. The University does not provide additional furniture.

**Room Search and Entry:** The University reserves the right to enter a resident's room without prior notification for the purpose of repair, enforcement of University regulations, preservation of health or safety, and recovery of University-owned property. Residence Life staff conducts health and safety checks and inspections at specified times each semester.

**Personal Property:** The University does not accept responsibility for personal property that may be stolen, lost, or damaged. This includes possessions left in University storage facilities. The University encourages each resident to carry appropriate personal property insurance and to keep doors locked at all times.

**Cancellation of Agreement:** This contract is binding for the entire academic year. Cancellation requests will be considered after the student submits (electronically or by letter) a completed *Housing Release Request* with all required documentation to the Director of Residence Life. The Director of Residence Life retains the right to grant or deny any cancellation request, and may consult with another University office or department in regards to their decision. Students are not approved until they receive an official email notice from the Office of Residence Life. If approved, cancellation charges will be assessed according to the date requests are received by the Office of Residence Life.

REFUND: All students withdrawing from the University or changing residence status are issued tuition refunds based on the following schedule: first week = 90%; second week = 75%; third week = 50%; after third week = none. Contracts cancelled after May 1 are subject to a \$350 cancellation fee. Appeals to waive this fee may be made to the Director of Residence Life and decisions will be made following the same procedures of the *Housing Release Request* as described above. If students are removed from housing because of discipline reasons there will be no refund. Room charges are non-refundable. Meal plan refunds are prorated based on number of meals used.

**Additional Cancellation Information**

- A resident whose cancellation request is not approved or who submits false information on their petition will be required to fulfill all terms and conditions of the agreement. Students submitting false information will also be subject to additional disciplinary or administrative action by the University.
- Release decisions made by the Director of Residence Life may be reviewed by an appeal process available through the Office of Residence Life.
- If a resident is released from the *Room and Board Contract*, the remaining roommates will go through the consolidation process. The end result of which could be; assigned a new roommate, moved to a new room, or pay a higher rate due to under occupancy.
- Should housing needs exceed capacity, rooms in the Courtyard House(s) may be tripled.
- If a student withdraws and re-enrolls within the same academic year, the University reserves the right to reinstate the contract through the end of the academic year.

**Termination of Agreement by the University**

Students who complete the *Room and Board Contract* agree to the terms of agreement and cancellation as listed in the contract and all supporting documents.

Termination of the contract may result in student responsibility for the unpaid balance (up 100% of charges), and reimbursements are not guaranteed.

The University reserves the right to terminate the contract if a student:

- is no longer registered for classes or is not attending class regularly.
- enrolled in fewer than 12 credits.
- is found to be in violation of the University's Code of Conduct or Residence Life Community Policies,
- or if a student's behavior, as determined by the University, is detrimental to the welfare of the residence hall or apartment community.
- In the event of an unforeseeable cause beyond the control of the University (including, but not limited to: fire, flood, other severe weather, health, emergencies, pandemics, diseases, acts of God, interruption of utility services, acts of terrorism), the University reserves the right to suspend or terminate this contract without prior notice, and to either temporarily or permanently remove students from residence assignment. In addition, the University reserves the right to suspend or terminate this contract after notice of a campus emergency. A campus emergency includes any emergency that is not listed above, even if it is within the University's control and/or authority, which may threaten the safety and wellbeing of its students, employees, and/ or community members.

My signature below indicates I have read and understand the terms of agreement and cancellation.

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*Parent/Legal Guardian signature required if student is not 18 years or older*

# MARIAN UNIVERSITY

## Room and Board Contract Fall 2022/Spring 2023

This document establishes the terms and conditions of occupancy in the Marian University residence halls and enrollment in the dining service program. **Priority placement requires a completed contract submitted by June 1, 2022.**

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle initial \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell phone (\_\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Parent/Legal guardian name(s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

University class standing as of fall 2022:  First-Year  Sophomore  Junior  Senior  Transfer Student ID # \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Legal sex:  Male  Female Gender identity \_\_\_\_\_

Marian University participates in federal financial aid programs, therefore we are required to report data (including legal sex) to the U.S. Department of Education Collecting gender identity is important to our University to ensure we are supporting student's experiences.

**Roommate Request** First and last name of person you prefer to share a room with \_\_\_\_\_

You and your preferred roommate must both have each other's name on your applications for the request to be honored.

**Failure to disclose may result in immediate cancellation of contract and other University administrative and disciplinary actions:**

Have you ever been removed from resident housing (either at Marian or at a previous higher education institution) for disciplinary reasons?  Yes  No

Have you ever been charged with or convicted of a felony?  Yes  No

### FIRST-YEAR STUDENTS

These units are for **freshman students** under the age of 21, and are substance and alcohol free regardless of legal age. Housing does not have a kitchen.

#### Rank your housing options:

- \_\_\_ Naber Hall double
- \_\_\_ Courtyard House double
- \_\_\_ Courtyard House triple (if available)

### UPPERCLASS STUDENTS:

These units are for **Sophomore, Junior, and Senior students** and include a kitchen.

#### Rank your housing options:

- \_\_\_ Courtyard Efficiency double
- \_\_\_ Cedar Creek single
- \_\_\_ Cedar Creek double
- \_\_\_ Duplex single
- \_\_\_ Duplex double
- \_\_\_ Townhouse double
- \_\_\_ Townhouse single

### \$110 housing deposit must be submitted before processing will occur.

Mail your deposit with this contract and roommate questionnaire to the Office of Residence Life (address below).

### Choose a meal plan option:

**Meal Plan A:** Unlimited Meals + 60 Pts  
 • Mandatory meal plan for all Freshmen

**Meal Plan B:** Unlimited Meals + 160 Pts

**Meal Plan C:** 75 Block Plan + 60 Pts  
 • For students who have kitchens and upperclassmen

**Unlimited or Block Meals** may be used at the Hornung Student Center dining room only. **Points** may be used at the Hornung Student Center dining room or Todd Wehr Alumni Center/Coffeehouse. **Add Points** in \$10 increments any time by visiting [marian.sodexomyway.com/shop](http://marian.sodexomyway.com/shop).

### MY SIGNATURE CONFIRMS:

- ✓ I understand that the terms of agreement and cancellation set forth on the following page are incorporated by reference and are binding on me regardless whether I have signed the following page.
- ✓ I understand this contract is binding for the entire academic year (fall and spring semesters), adjustments may be made in the case of mid-year graduation, and a new contract must be completed each year.
- ✓ I understand all first- and second-year students are required to live on campus if unmarried and younger than 21, unless living with a parent/guardian within a 35 mile radius from campus. Students who claim commuter exemption and do not reside with their parent/guardian are subject to being charged for a residence facility room.

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Legal Guardian signature required if student is not 18 years or older)

Marian University email is the official form of communication for all University business and announcements. Contact us if you have questions:

**Office of Residence Life • 45 S. National Ave. • Fond du Lac, WI 54935 • [residencelife@marianuniversity.edu](mailto:residencelife@marianuniversity.edu) • 920.923.8091**

<b>OFFICE USE:</b> Received date:	Date paid:	Room Placement:	Mailbox:
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**Contract Terms:** This contract is binding for the entire academic year (dates listed below). All residents must be a full-time student at Marian University (12-credit minimum). Residence halls are designed to support students and their academic pursuits. In order for students to remain in the residence halls, students must be regularly attending class and making sufficient academic progress. Failure to attend classes could result in the student's removal from the Residence Facilities. The University reserves the right to refuse any applications. **No refund for incoming first-year students after May 1, 2022. Priority placement deadline is June 1, 2022.**

#### Dates of Occupancy:

- **Aug. 26, 2022–May 6, 2023 (Academic Year):** This Room and Board Contract is in effect the entire academic year.
- **Dec. 11, 2022–Jan. 16, 2023 (Winter Break):** All housing is closed. Students must vacate and check out and vacate 24 hours following their last exam or winter graduation.
- **Jan. 5–15, 2023 (Winterim):** Students wishing to remain on campus during this time will need a winterim housing contract.
- **Jan. 14, 2023 (Spring Semester):** Housing will reopen at 10 a.m.
- **May 5, 2023 (Summer):** Housing will close for the summer at 5 p.m. Students wishing to remain on campus during this time will need a summer housing contract.
- **May 7, 2023 (Day after Commencement):** Students participating in Spring Graduation must vacate no later than 4 p.m.
- Students who have their contracts terminated must move out within a time-frame determined by the Director of Residence Life.

**Board participation is required of all resident students.** First-year students must have the Unlimited Meal Program regardless of housing option choice. Returning students may change their meal plan up to the add drop dates in the semester. The unlimited access program offers continuous service from 7:30 a.m. until 7 p.m. Residents living in apartment-style housing with a kitchen may have any meal plan. Any unused meals for the fall semester are forfeited if the student is no longer a resident for the spring semester and any unused meals for the academic year are forfeited at the end of the spring semester at 6 p.m. on the last day of finals; unused points will be carried over to the next semester if the student maintains at least 12 credits. **Food service may not be provided during breaks when classes are not in session (please check with Campus Dining Services for details).** We recognize that students with special dietary needs already experience a more limited diet than those who do not, and are required to exert more time and effort in managing their diet than others; thus, every effort is made to provide helpful information to students who have to manage their diet when eating in the dining halls. Given the ability to accommodate a wide range of dietary needs, an exemption from participation in the meal plan is rare and will only be considered when needs cannot be met by Dining Services.

**Space Assignments:** The Room and Board Contract entitles the resident to a space on campus and not a specific room or apartment. The University reserves the right to make and alter housing assignments and billing or to consolidate persons paying less than full value and/or to maximize occupancy of the space. Consolidation may occur before and/or during occupancy. This Room and Board Contract is not assignable, and subletting is prohibited. The only person(s) who may reside in the room are those who have been assigned to it by the University.

The University will not guarantee a student's space if not occupied on the first Friday of that semester's classes by 4:30 p.m. Returning students must be registered by August 1 (*in good financial standing*). Residence Life will not assign roommates based on race, ethnicity, religion, or sexual orientation. A resident who refuses to accept a roommate or, in the judgment of the University, attempts to force a roommate out of a shared premises may face disciplinary sanctions including paying the cost of the vacancy. After day of opening, no room changes may occur until after the third week of each semester without approval by the designee. Room changes must be approved by the Office of Residence Life. Students may request to be placed on a preferred housing wait list after their initial assignment has been confirmed.

**Room Contents:** The resident agrees to accept responsibility for all property assigned to the room, penthouses, efficiencies or apartment and agrees to pay for loss or damages not due to ordinary wear and tear. All University furnishings must remain in the resident's assigned room or apartment. There is to be no alterations to the room. Quantity and condition of campus housing furniture is confirmed at check-in with Residence Life staff and considered "as is" upon move-in. The University does not provide additional furniture.

**Room Search and Entry:** The University reserves the right to enter a resident's room without prior notification for the purpose of repair, enforcement of University regulations, preservation of health or safety, and recovery of University-owned property. Health and safety checks and inspections are conducted by Residence Life staff at specified times each semester.

**Personal Property:** The University does not accept responsibility for personal property that may be stolen, lost, or damaged. This includes possessions left in University storage facilities. The University encourages each resident to carry appropriate personal property insurance and to keep doors locked at all times.

**Cancellation of Agreement:** This contract is binding for the entire academic year. Cancellation requests will be considered after the student submits (*electronically or by letter*) a completed a Housing Release Request with all required documentation to the Director of Residence Life. The Director of Residence Life retains the right to grant or deny any cancellation request, and may consult with another University office or department in regards to their decision. Students are not approved until they receive an official email notice from the Office of Residence Life. If approved, cancellation charges will be assessed according to the date requests are received by the Office of Residence Life.

**REFUND:** All students withdrawing from the University or changing residence status are issued tuition refunds based on the following schedule: first week = 90%; second week = 75%; third week = 50%; after third week = none. Contracts cancelled after May 1 are subject to a \$350 cancellation fee. Appeals to waive this fee may be made to the Director of Residence Life and decisions will be made following the same procedures of the Housing Release Request as described above. If students are removed from housing because of discipline reasons there will be no refund. Room charges are non-refundable. Meal plan refunds are prorated based on number of meals used.

#### Additional Cancellation Information

- A resident whose cancellation request is not approved or who submits false information on their petition will be required to fulfill all terms and conditions of the agreement. Students submitting false information will also be subject to additional disciplinary or administrative action by the University.
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- If a resident is released from the Room and Board Contract, the remaining roommates will go through the consolidation process. The end result of which could be; assigned a new roommate, moved to a new room, or pay a higher rate due to under occupancy.
- Should housing needs exceed capacity, rooms in the Courtyard House(s) may be tripled.
- If a student withdraws and re-enrolls within the same academic year, the University reserves the right to reinstate the contract through the end of the academic year.

#### Termination of Agreement by the University

Students who complete the Room and Board Contract agree to the terms of agreement and cancellation as listed in the contract and all supporting documents. Termination of the contract may result in student responsibility for the unpaid balance (*up 100% of charges*), and reimbursements are not guaranteed. The University reserves the right to terminate the contract if a student:

- is no longer registered for classes or is not attending class regularly.
- enrolled in fewer than 12 credits.
- is found to be in violation of the University's Code of Conduct, its Residence Life Communities Policies, or its Covid-related plans and policies,
- or if a student's behavior, as determined by the University, is detrimental to the welfare of the residence hall or apartment community.
- In the event of an unforeseeable cause beyond the control of the University (including, but not limited to: fire, flood, other severe weather, health, emergencies, pandemics, diseases, acts of God, interruption of utility services, acts of terrorism), the University reserves the right to suspend or terminate this contract without prior notice, and to either temporarily or permanently remove students from residence assignment. In addition, the University reserves the right to suspend or terminate this contract after notice of a campus emergency. A campus emergency includes any emergency that is not listed above, even if it is within the University's control and/or authority, which may threaten the safety and wellbeing of its students, employees, and/or community members.

***My signature below indicates I have read and understand the terms of agreement and cancellation.***

**Student signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Legal Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Legal Guardian signature required if student is not 18 years or older

## Roommate Placement Questionnaire 4/7/21

Strongly recommended if you will be living on campus.

Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Beginning your college career and moving away from home is a very exciting time. You will experience many new things...including meeting your new roommate! We want to connect you with the best possible match so please be as honest as possible. Your answers will be taken into account when assigning rooms. If you fail to complete this questionnaire, you will be randomly assigned a roommate.

Date: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

1. Will you be a member of the MU athletics program?  No  Yes, sport(s): \_\_\_\_\_

2. Choose two of your **least** favorite types of music:  Pop  Rock/Alternative  Rap/Hip Hop  R&B  Country

3. Rank the following in order of importance with **(1) being the most important** and **(4) being the least important**:

- \_\_\_\_\_ Friendships
- \_\_\_\_\_ Social Organizations
- \_\_\_\_\_ Academics
- \_\_\_\_\_ Athletics

4. Indicate your lifestyle preference for each statement below: Yes No No Preference

- I prefer a roommate who smokes cigarettes  Yes  No  No Preference
- I prefer to live with an international student  Yes  No  No Preference
- I prefer to study in my room  Yes  No  No Preference
- I watch TV or listen to the radio while studying  Yes  No  No Preference
- I am a light sleeper  Yes  No  No Preference
- I prefer to get up early in the morning  Yes  No  No Preference
- I prefer to stay up late  Yes  No  No Preference
- I like to entertain friends in my room  Yes  No  No Preference
- I like to entertain overnight guests  Yes  No  No Preference

5. Rank each quality according to how important it is to you:

	Very Important → Not Important				
	1	2	3	4	5
Neatness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleanliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quietness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Three words that describe you: a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

7. Three words that describe your ideal roommate: a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

8. Three of your pet peeves: a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_

9. Please check all you are interested in. This will help us provide programs for the upcoming year:

- Academic Planning
- Career Development
- Cultural Events
- Exploring Spirituality
- Fine Arts
- Fitness Programs
- Healthy Living
- Hiking/Camping
- Relationships/Dating
- Resume Writing
- Self Defense
- Service Projects
- Sporting Events
- Stress Management
- Other:

# MARIAN UNIVERSITY

## Tuberculosis (TB) Screening Questionnaire

2/5/21

Required if you will be living on campus or if you are a student-athlete. Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Due August 1 for students entering fall semester.

Due January 1 for students entering spring semester

Student ID#: \_\_\_\_\_

### Student Health Services

45 S. National Ave.

Fond du Lac, WI 54935

Phone: (920) 923-7615

Fax: 920.926.2103

[jjschrauth11@marianuniversity.edu](mailto:jjschrauth11@marianuniversity.edu)

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

If you answer NO to all questions below, no further testing or action is required.

If you answer YES to any questions below, Marian University may require you to receive **TB Testing** as soon as possible.

\* The significance of the travel exposure should be discussed with a health care provider and evaluated.

### QUESTIONS

- YES  NO Have you ever had close contact with persons known or suspected to have active TB disease?
- YES  NO Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?
- YES  NO Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. Tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?
- YES  NO Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?
- YES  NO Were you born in one of the countries listed below? *If yes, please circle below.*
- YES  NO Have you had frequent or prolonged visits\* to one or more of the countries listed below? *If yes, please circle below.*

### COUNTRIES KNOWN TO HAVE HIGH INCEDENCE OF ACTIVE TUBERCULOSIS

Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2012. Countries with incidence rates of  $\geq 20$  cases per 100,000 population. For future updates, refer to <http://apps.who.int/ghodata>.

Afghanistan	Côte d'Ivoire	Kenya	Nicaragua	South Africa
Algeria	Democratic People's Republic of Korea	Kiribati	Niger	South Sudan
Angola	Democratic Republic of the Congo	Kuwait	Nigeria	Sri Lanka
Argentina	Djibouti	Kyrgyzstan	Niue	Sudan
Armenia	Dominican Republic	Lao People's Democratic Republic	Pakistan	Suriname
Azerbaijan	Ecuador	Latvia	Palau	Swaziland
Bahrain	El Salvador	Lesotho	Panama	Tajikistan
Bangladesh	Equatorial Guinea	Liberia	Papua New Guinea	Thailand
Belarus	Eritrea	Libya	Paraguay	Timor-Leste
Belize	Estonia	Lithuania	Peru	Togo
Benin	Ethiopia	Madagascar	Philippines	Trinidad and Tobago
Bhutan	Fiji	Malawi	Poland	Tunisia
Bolivia	Gabon	Malaysia	Portugal	Turkey
Bosnia and Herzegovina	Gambia	Maldives	Qatar	Turkmenistan
Botswana	Georgia	Mali	Republic of Korea	Tuvalu
Brazil	Ghana	Marshall Islands	Republic of Moldova	Uganda
Brunei Darussalam	Guatemala	Mauritania	Romania	Ukraine
Bulgaria	Guinea	Mauritius	Russian Federation	United Republic of Tanzania
Burkina Faso	Guinea-Bissau	Mexico	Rwanda	Uruguay
Burundi	Guyana	Micronesia	Saint Vincent and the Grenadines	Uzbekistan
Cabo Verde	Haiti	Mongolia	Sao Tome and Principe	Vanuatu
Cambodia	Honduras	Morocco	Senegal	Venezuela
Cameroon	India	Mozambique	Serbia	Viet Nam
Central African Republic	Indonesia	Myanmar	Seychelles	Yemen
Chad	Iran (Islamic Republic of)	Namibia	Sierra Leone	Zambia
China	Iraq	Nauru	Singapore	Zimbabwe
Colombia	Kazakhstan	Nepal	Solomon Islands	
Comoros			Somalia	
Congo				

# MARIAN UNIVERSITY

Student ID#: \_\_\_\_\_

## Consent Form 2/5/21

Required if you will be living on campus.

Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)

Due **August 1** for students entering fall semester.

Due **January 1** for students entering spring semester

### Student Health Services

45 S. National Ave.

Fond du Lac, WI 54935

Phone: (920) 923-7615

Fax: 920.926.2103

[jjschrauth11@marianuniversity.edu](mailto:jjschrauth11@marianuniversity.edu)

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

Home Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Date of Entrance: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Major: \_\_\_\_\_

Legal Sex:  Female  Male

Housing:  Resident (on-campus housing)  Commuter

Are you a Veteran?  Yes  No

Do you plan to participate in an intercollegiate sport?  Yes  No

Marital Status:  Single  Married

## CONSENT FOR TREATMENT

The law requires parental permission for procedures on **minors**. The following statement is prepared for this student's protection.

*In the event of a medical or surgical need for this student while at Marian University, I hereby authorize the performance upon said student of such medical or surgical procedures as may be prescribed by a physician licensed to practice medicine and surgery.*

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

### PARENT/GUARDIAN (if student is under age 18)

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

### WITHOUT SIGNED CONSENT FOR TREATMENT, NO STUDENT WILL BE TREATED AT THE STUDENT HEALTH SERVICES CENTER UNLESS AN EMERGENCY ARISES!

A situation rarely arises in which emergency treatment or hospitalization is necessary but if an emergency should occur, prompt action may be imperative. We make an attempt to communicate with some member of a student's family when hospitalization is required, but we are sometimes expressly requested by a physician to obtain authority for treatment when it is impossible to contact the parents. This consent may be helpful in such a situation.

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## INSURANCE

I carry hospitalization and/or illness and accident insurance:  Yes  No

Insurance Company Name: \_\_\_\_\_

Group and Certificate Number: \_\_\_\_\_

**Please provide a copy of BOTH sides of your insurance card.**

Student must have an updated card if the insurance carrier changes.



# MARIAN UNIVERSITY

## Medical History Form 2/5/21

Required if you will be living on campus or if you are a student-athlete.  
 Submit ONLINE FORM at [www.marianuniversity.edu/admittedstudents](http://www.marianuniversity.edu/admittedstudents)  
 Due August 1 for students entering fall semester.  
 Due January 1 for students entering spring semester

Student ID#:

### Student Health Services

45 S. National Ave.  
 Fond du Lac, WI 54935  
 Phone: (920) 923-7615  
 Fax: 920.926.2103  
[jjschrauth11@marianuniversity.edu](mailto:jjschrauth11@marianuniversity.edu)

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

Date of Birth: \_\_\_\_\_

Varsity Sports: \_\_\_\_\_

Legal Sex:  Male  Female

### ALLERGIES & MEDICINE

Do you have any allergies?  No  Yes (please identify below)

Medicines:	Pollens:	Food:	Stinging Insects:
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Please list all prescriptions, over-the-counter medicines, and supplements (herbal and nutritional) that you are currently taking:

Explain YES answers below. Circle any questions you don't know the answer to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied/restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify: <input type="radio"/> Asthma <input type="radio"/> Anemia <input type="radio"/> Diabetes <input type="radio"/> Infections <input type="radio"/> Other		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats during exercise?		
8. Has a doctor ever said you have any heart problems? Check all that apply: <input type="radio"/> High blood pressure <input type="radio"/> Heart murmur <input type="radio"/> High cholesterol <input type="radio"/> Heart Infection <input type="radio"/> Kawasaki disease <input type="radio"/> Other		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain any YES answers here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, answers to the questions above are complete and correct.

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

# MARIAN UNIVERSITY

Student ID#: \_\_\_\_\_

## Physical Examination Form 2/5/21

Required if you will be living on campus or if you are a student-athlete.

Form must be mailed after obtaining signature from provider.

Physical exam must be performed **within 6 months of the due date** listed:

Due **August 1** for students entering fall semester.

Due **January 1** for students entering spring semester

### Student Health Services

45 S. National Ave.

Fond du Lac, WI 54935

Phone: (920) 923-7615

Fax: 920.926.2103

jjschrauth11@marianuniversity.edu

THIS SECTION IS TO BE COMPLETED BY THE **STUDENT** PRIOR TO SEEING THE PRIMARY CARE PROVIDER.

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

### VACCINE DECLINATION STATEMENT (if applicable)

I understand that due to my living on campus at Marian University I may be at risk of acquiring an infection from being unvaccinated. I have been given the opportunity to be vaccinated at my own expense. However, I decline the vaccinations and I am at risk of acquiring the disease. If I should acquire a disease I would be furloughed from school at my own expense.

Vaccines which I am declining:  MMR  TDAP/TD  HPV  Meningococcal Conjugate  Varicella  Hep A  Hep B

Reason for exemption: \_\_\_\_\_

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

THIS SECTION IS TO BE COMPLETED BY THE **PRIMARY CARE PROVIDER**.

### PHYSICIAN REMINDERS

- Consider reviewing questions on **Medical History Form** regarding cardiovascular systems (questions 5-14).
- Consider additional questions on more sensitive issues:
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance supplement?
  - Have you ever taken any supplements to help gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?

### EXAMINATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex:  M  F BP: \_\_\_\_\_ / \_\_\_\_\_ ( \_\_\_\_\_ / \_\_\_\_\_ ) Pulse: \_\_\_\_\_ Vision: **R** 20/ \_\_\_\_\_ **L** 20/ \_\_\_\_\_ Corrected:  Yes  No

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance — Marfan Stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/Ears/Nose/Throat — Pupils equal, Hearing		
Lymph nodes		
Heart* — Murmurs (auscultation standing, supine, +/- Valsalva), Location of point maximal impulse (PMI)		
Pulses — Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only)**		
Skin — HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic***		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		
Functional — Duck-walk, single leg hop		

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

\*\*Consider GU exam if in private setting. Having third party present is recommended.

\*\*\*Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Date Examined: \_\_\_\_\_ Address: \_\_\_\_\_

PRINT Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

# MARIAN UNIVERSITY

## Clearance Form 2/5/21

Required for student-athletes only.  
Form must be mailed after obtaining signature from provider.  
Due **August 1** for students entering fall semester.  
Due **January 1** for students entering spring semester

Student ID#: \_\_\_\_\_

### Student Health Services

45 S. National Ave.  
Fond du Lac, WI 54935  
Phone: (920) 923-7615  
Fax: 920.926.2103  
jjschrauth11@marianuniversity.edu

THIS FORM IS TO BE COMPLETED BY THE **PRIMARY CARE PROVIDER**.

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

Home Address: \_\_\_\_\_

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

### CLEARANCE

- CLEARED for all sports without restriction
- CLEARED for all sports without restriction with recommendations for further evaluation or treatment for: \_\_\_\_\_
- NOT CLEARED >>>
  - Pending further evaluation
  - For any sports
  - For the following sports: \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

*I have examined the above-named student and completed the physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, I may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).*

Date of Exam: \_\_\_\_\_ Address: \_\_\_\_\_

PRINT Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

# MARIAN UNIVERSITY

## ADHD/ADD Form 2/5/2021

Required for student-athletes only (when applicable).  
Form must be mailed after obtaining signature from provider.  
Due **August 1** for students entering fall semester.  
Due **January 1** for students entering spring semester

Student ID#:

### Student Health Services

45 S. National Ave.  
Fond du Lac, WI 54935  
Phone: (920) 923-7615  
Fax: 920.926.2103  
jjschrauth11@marianuniversity.edu

THIS FORM IS TO BE COMPLETED BY THE **PRIMARY CARE PROVIDER**.

### ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) MEDICATION EXEMPTION INFORMATION

The student-athlete presenting this form plans to, or already, participates in intercollegiate athletics at our institution which is governed by the rules and regulations of the NCAA. New legislation beginning August 1, 2009 involves the collection of medical records for student-athletes diagnosed/treated for ADHD/ADD utilizing specific medication which may be banned by the NCAA. In order to show compliance with this new legislation, we are asking our student-athletes to present this form to their primary care provider – to complete and provide additional information requested below in order to continue/begin their NCAA participation while also continuing to take their ADHD/ADD medication.

#### Examples of NCAA Banned-Drug Class Stimulants (Visit [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety) for more information.)

- Amphetamine
- Atomoxetine
- Dexmethylphenidate
- Dextroamphetamine
- Methamphetamine
- Methylphenidate

Student-Athlete First and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of initial evaluation: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Date of most recent follow-up: \_\_\_\_\_ Pulse: \_\_\_\_\_

Provider Diagnosis: \_\_\_\_\_

Prescribed Medication/Follow-up Orders: \_\_\_\_\_

#### Provider, please provide:

- ✓ A brief summary of the comprehensive clinical evaluations used to diagnose this student-athlete with ADHD/ADD (reference DSM-IV criteria) and any supporting documentation.
- ✓ Any note-worthy alternative non-banned medications that have been tried or considered, and why they are not utilized.
- ✓ Any ADHD Rating Scale (ex: Connors, ASRS, CAARS) scores and report summaries.

#### If available, please provide a copy of:

- ✓ ADHD/ADD symptoms by other health care providers
- ✓ Any psychological testing results
- ✓ Laboratory/testing results helping to diagnose ADHD/ADD
- ✓ Previous ADHD/ADD diagnosis summaries not completed/diagnosed by the current provider

Provider Name: \_\_\_\_\_

STAMP

Specialty: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_