

**IMPORTANT
FORMS**

C.W. POST CAMPUS LONG ISLAND UNIVERSITY



**WELCOME
INTERNATIONAL STUDENTS**

**International Candidate Reply Form/Tuition Deposit Form
Application for On-Campus Housing
Report of Medical History • Report of Health Evaluation
Meningococcal Meningitis Vaccination Response Form**

This booklet contains the following forms:

- 1.) **Candidate Reply Form/Tuition Deposit Agreement** – Complete this form and enclose a **non-refundable** check or money order for U.S.\$200 made payable to C.W. Post Campus of Long Island University and send to International Admissions. Your I-20 will be released once your tuition deposit and all documents are submitted.
- 2.) **Application for On-Campus Housing** – Complete both sides of this form if you plan to live on campus in a residence hall. Please include a U.S.\$300 deposit made payable to C.W. Post Campus of Long Island University. Mail this form and a U.S.\$300 check or money order to International Admissions. **Please note that in order to be guaranteed on-campus housing, applications should be submitted by May 1 for the Fall semester and January 1 for the Spring semester. Applications received after these dates will be considered on a space-available basis.**
- 3.) **Report of Medical History, Report of Health Evaluation and Meningococcal Meningitis Vaccination Response Form** – These forms must be completed by you and your physician and returned to International Admissions. All students who were born on or after January 1, 1957 must show proof of immunization against measles, mumps and rubella prior to registration.

Important Note:

Health Insurance Requirement: The University requires all resident students, student athletes and international students to maintain valid health insurance. These students will be automatically billed for the University-sponsored health insurance plan on their bursar account. Students who have their own health insurance may waive this charge. This is a time-sensitive responsibility. Students must complete the waiver on or before the semester deadline date to avoid being billed. To waive the charge, visit <https://secure.visit-aci.com/enrollment/home/LIU.htm> or call +1 (800) 322-9901 and follow the instructions. Print and retain a receipt evidencing proof of compliance with the waiver provisions.



C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

International Candidate Reply Form/Tuition Deposit Agreement

Congratulations on your acceptance to the C.W. Post Campus of Long Island University. A **non-refundable** tuition deposit of U.S.\$200 is required to reserve a space in the class. Please complete this form and return it, along with your U.S.\$200 tuition deposit, to: International Admissions, C.W. Post Campus of Long Island University, 720 Northern Blvd., Brookville, NY 11548 USA. This deposit will be credited toward your first semester's tuition expenses.

Please read the enclosed information from Residence Life and Housing. If you would like to live on campus, return the Application for On-Campus Housing, along with a U.S.\$300 housing deposit, to: International Admissions, C.W. Post Campus of Long Island University, 720 Northern Blvd., Brookville, NY 11548 USA.

I. I will attend C.W. Post. My U.S.\$200 non-refundable tuition deposit is enclosed.

I will be applying for a F1 student visa; my I-20 application materials are enclosed/will be sent.

I will not need an I-20 visa certificate because I will not be on student status.

(Please attach a separate piece of paper to explain your visa status and supply a copy of your visa if you have not already done so.)

II. I have enclosed a housing application and U.S.\$300 housing deposit to the International Admissions Office.

I will not live on the C.W. Post Campus.

III. I will not be able to attend C.W. Post for the following reason:

Name: _____ E-mail address: _____
(please print)

C.W. Post ID Number:

Mailing Address: _____
Street

City, State/Province, Country, ZIP/Postal Code

I have carefully considered all offers of admission and have decided to attend the C.W. Post Campus of Long Island University. Enclosed is my U.S.\$200 deposit toward my first semester tuition. I understand that this deposit is **non-refundable**, unless I provide verification that my student visa was denied.

Student Signature: _____ Date: _____

Mail this form to: International Admissions
C.W. Post Campus of Long Island University
720 Northern Blvd.
Brookville, NY 11548 USA

C.W. POST CAMPUS



To download this form, go to www.liu.edu/international (click on Admitted Students)

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Terms and Conditions of Occupancy in On-Campus Housing

IMPORTANT HOUSING INFORMATION * * * RETAIN FOR YOUR RECORDS * * *

ANY BREACH OF THE PROVISIONS OF THIS AGREEMENT MAY RESULT IN ITS TERMINATION AND THE SUBSEQUENT REMOVAL OF THE RESIDENT STUDENT FROM THE HALLS.

1. This agreement is for residence hall space and, although not all-inclusive, covers some of the more important rules and regulations. Students are expected to conduct themselves in a manner that demonstrates mutual respect for their fellow residents. All rules of the residence halls and University, including those published in *The Student Handbook* and all Residence Life publications, must be followed.
2. The room assigned by this agreement will not be available for occupancy or storage prior to the date set by the Office of Residence Life. Students residing in residence halls must vacate the room no later than 24 hours after their last exam, or 5 p.m. on the final day of exams. Students allowed to remain in housing prior to Commencement activities must vacate the room by 3 p.m. on the day of graduation ceremonies. Failure to move out within the prescribed period will result in a U.S.\$50 a day fine and possible eviction. The University will not be held responsible for students' personal belongings and reserves the right to confiscate and dispose of items left in residence halls.

CANCELLATION/TERMINATION OF AGREEMENT

1. Prior to the first day of classes, this agreement may be cancelled by notifying the Office of Residence Life in writing. The student will be subject to charges as indicated below. These charges apply to all students, including those who cancel due to leave of absence or withdrawal.
 - a. Students who have room assignments for the Fall semester have until July 1 to cancel without penalty. After July 1, they will be charged a cancellation fee of U.S.\$300. Students who have room assignments for the Spring semester have until January 1 to cancel without incurring the U.S.\$300 fee. Partial refunds will be made for housing cancellations received after Move-In Day according to the refund schedule (at right).
 - b. Students who are assigned after May 1 for the Fall semester or January 1 for the Spring semester will have 15 days after notification by the Office of Residence Life to cancel with no penalty. If cancellation occurs after the 15-day period, a fee of U.S.\$300 will be assessed.

- c. Fall semester resident students will be charged a cancellation fee of U.S.\$300 if they cancel for the Spring semester after the January 1 deadline. Only those students who show proof of December graduation will be exempt from these charges.
2. If, after 24 hours from Move-In Day, a student has not cancelled his/her room or taken occupancy, the room will be cancelled automatically and the student will be liable for charges equal to 10 percent of the room rate.
 3. Cancellations after taking occupancy for any reason (graduation, withdrawal, leave of absence) must be made in writing at the Office of Residence Life. The effective date of a student's cancellation* is the date on which the student:
 - a. cancels in writing at the Office of Residence Life;
 - b. vacates and removes all personal belongings from the room; and
 - c. properly checks out with the Residence Hall staff.**The cancellation will not be considered effective until the three conditions stated above are met.*
 4. Cancellation/Termination of Agreement submitted after occupancy is eligible for refund according to the refund schedule listed below.

REFUND SCHEDULE FOR HOUSING COSTS

The U.S.\$300 housing deposit is refundable until July 1 for the Fall semester and January 1 for the Spring semester.

| Withdrawals During | Fall/Spring | Summer |
|----------------------|-------------|-----------|
| First Calendar Week | 90% | 60% |
| Second Calendar Week | 75% | 25% |
| Third Calendar Week | 50% | No Refund |
| Fourth Calendar Week | No Refund | No Refund |

Meal plans are not refundable.

5. The University reserves the right to terminate this agreement and repossess the room(s) for failure to pay University fees, for violation of University or residence policy, or when notified by the school that a resident has taken a leave of absence or withdrawn from the University.

ELIGIBILITY FOR RESIDENCE

Only full-time students regularly enrolled at the University may occupy a room(s). Opportunities for student housing are available to all students without regard to race, color, national origin, sex, age, sexual preference, religion or disability.

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Terms and Conditions of Occupancy in On-Campus Housing

IMPORTANT HOUSING INFORMATION * * * RETAIN FOR YOUR RECORDS * * *

ROOM ASSIGNMENTS

This agreement may not be assigned or transferred. The room(s) shall be occupied by no fewer than the number of students previously assigned by the University. If, during this term of occupancy, the agreement is terminated with respect to either student, the remaining student must accept a replacement roommate, or be charged for the lost rent. If a new roommate is not accepted, the occupancy agreement may be terminated. No change in room occupancy shall be made without the prior consent of a Residence Life staff member.

The University reserves the right to increase the capacity of the room to accommodate an additional student. Reassignment to another room is subject to availability, schedule and authorization by the Office of Residence Life. Regulations and procedures for room change are published in advance of the period for change. The Office of Residence Life reserves the right to reassign students to different rooms or to terminate this agreement if such reassignment or termination is necessary or advisable in the interest of health, safety, consolidation of resources, or the conduct of its residence hall program.

MOVE IN/MOVE OUT

A resident is required to check in formally at the beginning of occupancy. Check-in and check-out will occur at the building lobby, where a resident must complete appropriate entrance and exit forms. The room inventory and condition form obtained at move-in will become the basis for the assessment of charges due to damage or loss. Individual room door codes will be issued to residents at the beginning of the occupancy period. Room door codes may not be transferred or given to another person. The resident will be billed a U.S.\$50 service charge for the cost of changing the room door code.

Before moving out, the resident(s) is/are to remove all refuse and discarded material, and must leave the room clean. All charges for additional cleaning required for removal of personal property, and/or any loss or damage caused by the resident(s), will be billed equally to the residents. Belongings left behind upon move-out, or expiration of the occupancy agreement, will be considered abandoned.

When one roommate (or the user of a semi-private bathroom) moves out while others remain, each is equally responsible for cleaning the room/bathroom. If the room/bathroom is not found to be in acceptable condition after University inspection, cleaning service will be provided and the residents will be held collectively liable for the entire cost.

PETS

Pets/animals of any kind are not permitted in the residence halls. "Visiting" pets are not permitted. "Guide dogs" accompanied by sightless or hearing impaired persons are the only exception to this policy.

Discovery of illegal pets/animals will result in a fine of U.S.\$50 per day and/or other sanctions until the animal is removed.

ELECTRICAL APPLIANCES/PROHIBITED ITEMS

A resident may use a refrigerator that conforms to the following specifications: maximum capacity 5.5 cubic feet, 1.9 amps when running. All room refrigerators must have the manufacturer's label which shows size and amperage.

Hot plates, immersion coils, air conditioners, extension cords, torchiere style halogen lamps, microwaves, freezers, dishwashers, and open-coiled appliances are prohibited in University residences. Computers, stereos, televisions, irons, non-commercial hair dryers, and other similar appliances are permitted, unless specifically prohibited by the director.

If a prohibited appliance is discovered in a student's room, it will be confiscated and the student will be subject to fines and disciplinary action. A resident will be given the opportunity to claim his/her appliance during certain specified times announced by the building director. Upon claiming, the appliance must be removed from Campus. Appliances not claimed by the day following commencement will be considered abandoned and will be disposed of by the University without liability. The University is not responsible for food, drink or other substances left in a prohibited appliance.

If the number of otherwise permitted appliances that operate on a single circuit creates a danger of circuitry overload, the director may issue instructions for the safe use of the appliances in question or withdraw permission for their use. Violation of these instructions could subject the violator to the same penalties as if the appliances in question were prohibited.

Waterbeds and lofts are prohibited in University residences.

Putting tape, decals, signs or other decorations on the exterior of the building is prohibited.

PLEASE REFER TO THE C.W. POST STUDENT HANDBOOK FOR A COMPLETE LIST OF ALL POLICIES AND PROCEDURES.

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Application for On-Campus Housing for International Students

Questions? Call Residence Life at +1 (516) 299-2326

Applying for: Fall Spring Year _____

U.S.\$300 housing deposit must accompany this application

Make check or money order payable to C.W. Post Campus of Long Island University. Please send check and this form to International Admissions, C.W. Post Campus of Long Island University, 720 Northern Blvd., Brookville, N.Y. 11548 USA by May 1 for the Fall semester and January 1 for the Spring semester.

BURSAR STAMP

Deposit _____

Waiver _____

Initials _____

NAME (please print) _____
(Last) (First) (Middle initial)

HOME ADDRESS: Street _____

City _____ State/Province _____ Country _____ ZIP/Postal Code _____

HOME TELEPHONE (____) _____-_____ CELL PHONE (____) _____-_____

E-MAIL ADDRESS _____

DATE OF BIRTH ____/____/____ SEX: M F STUDENT ID NUMBER

I AM A: Returning Student New Freshman Transfer New Graduate Student

PARENT'S NAME: _____

PARENT'S WORK NUMBER: (____) _____-_____

EMERGENCY CONTACT OTHER THAN PARENT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE: (____) _____-_____

HEALTH INSURANCE REQUIREMENT: The University requires all resident students to maintain valid health insurance. All residents will be automatically billed for the University-sponsored health insurance plan on their bursar account. Students who have their own health insurance may waive this charge. This is a time-sensitive responsibility. Students must complete the waiver on or before the semester deadline date to avoid being billed for University-sponsored health insurance. To waive the charge, visit <https://secure.visit-aci.com/enrollment/home/LIU.htm> or call +1 (800) 322-9901 and follow the instructions. Print and retain a receipt evidencing proof of compliance with the waiver provisions. **FAILURE TO COMPLY ON TIME WITH THE WAIVER PROVISIONS AND MEET THE POSTED DEADLINES WILL RESULT IN THE STUDENT BEING BILLED FOR UNIVERSITY-SPONSORED HEALTH INSURANCE.**

FIRE, THEFT, VANDALISM: The University will not be liable for personal items, including motor vehicles, lost or damaged by fire, theft, vandalism, water, breakage or otherwise. Parking and use of vehicles on University premises is at the student's own risk. The University urges students to purchase student property insurance (information about property insurance is available in the Office of Residence Life).

AGREED AND ACCEPTED: My signature below indicates that by accepting accommodations through Long Island University, I understand and agree to comply with all terms, conditions, regulations and responsibilities as described in the C.W. Post Ethos Statement and provided in *The Student Handbook*, *Residence Life Housing Agreement*, and all Residence Life and other University publications.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

(if student is under 18 years old)

OFFICE USE ONLY

Date Received _____ Staff Signature _____

Room Assignment _____ Mail Box # _____ Date Assigned _____

To download this form, go to www.liu.edu/international (click on Admitted Students)

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

PIONEER LIVING PLAN OPTIONS: *Please select the plan of your choice*

All resident students are required to participate in the University Meal Plan. If you do not select one now, Pioneer Living Plan 1 will be automatically billed to your Bursar account. Meal plan balances are non-refundable and non-transferable and must be used before the end of the semester. Meal Plan changes must be made in writing to the Office of Residence Life PRIOR to the start of the semester. *All students with 30 credits or less are required to select Pioneer Living Plan 1.*

- PIONEER LIVING PLAN 1**
This plan provides students with our seven day Carte Blanche Continuous Dining Service. A Carte Blanche membership allows you unlimited access to Winnick Student Center's dining hall whenever it is open.
- PIONEER LIVING PLAN 2**
This plan provides students with 14 meals per week, for those who eat two meals per day and purchase some snacks, throughout the week and weekend.
- PIONEER LIVING PLAN 3**
This plan provides students with 10 meals per week, for those who eat two meals during the weekday and some snacks.
- PIONEER LIVING PLAN 4**
This plan provides students with seven meals per week, for those who typically eat one meal per day on Campus and purchase snacks during the week.

ROOM PREFERENCE: *Please answer the following questions to help us make the best placement possible.*

Room assignments are made on a space available basis, and our ability to accommodate your preferences depends on the date you submit your application. **Please note these are preferences only.** We will make every effort to accommodate your request; however we cannot guarantee that all requests will be granted. All students are therefore encouraged to submit their applications and deposits by the **May 1 deadline for the Fall semester and January 1 for the Spring semester.** Please be advised there are no single occupancy rooms available. Residence Halls are generally co-ed; floors are usually designated male or female. All residence halls on the C.W. Post Campus are smoke-free. Please contact the Office of Residence Life for room rates at +1 (516) 299-2326 or ResidenceLife@cwpost.liu.edu.

- STANDARD HOUSING:** Two, three or four residents per room; corridor-style residence hall. Residents of each wing (corridor) share a large common bathroom.
- SUITE-STYLE HOUSING:** Suites consist of three or four bedrooms, a shared living room and shared bathroom facility.
- TEN-MONTH HOUSING:** Appropriate for all students who need housing during break period. Please note that there is an *additional charge* to reside in the hall during the break periods.
- INTENSIFIED STUDY HOUSING:** Quiet hours in effect 24 hours a day, 7 days a week in this residence hall.

ROOMMATE REQUEST: *If you have a roommate preference, please complete the following. Roommate preferences can only be considered if both individuals are C.W. Post students and each student indicates his/her desire to live together. Roommate requests must be the same gender.*

- I am an athlete on the _____ (print team) team and wish to be assigned with another student on my team.
- I am enrolled in the Honors Program and wish to be assigned with another Honors student in Honors housing.
- I am a _____ (major) major and wish to be assigned with another student with my major.
- I prefer to live with _____ (name of preferred roommate) whose hometown is _____ (print town).
- I do not have any roommate requests.
- Please check here if you are a student with a disability who requires special housing accommodations (such as first floor access, use of an elevator, etc.) A Residence Life representative will contact you to discuss your housing needs.

Student Signature: _____ Date: _____



C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

REPORT OF MEDICAL HISTORY

ALL STUDENTS MUST COMPLETE THIS FORM

Student: Please complete this page before going to your physician for examination.

| | | | | | |
|--------|-------------------------------------|---------------|--------------------|------------------------|--------------------|
| MIDDLE | SOCIAL SECURITY NO. | DATE OF BIRTH | SEX M F | E-MAIL | CELL PHONE NO. |
| | HOME ADDRESS (Number & Street) | CITY OR TOWN | STATE/COUNTRY | ZIP CODE | HOME TELEPHONE NO. |
| | NAME & ADDRESS OF EMERGENCY CONTACT | RELATIONSHIP | HOME TELEPHONE NO. | BUSINESS TELEPHONE NO. | |

| FIRST NAME | FAMILY HISTORY | | | | | Have any of your relatives had any of the following? | | |
|------------|----------------|-----------------|------------|--------------|----------------|--|----|--------------|
| | AGE | STATE OF HEALTH | OCCUPATION | AGE OF DEATH | CAUSE OF DEATH | YES | NO | RELATIONSHIP |
| Father | | | | | | | | |
| Mother | | | | | | | | |
| Brother(s) | | | | | | | | |
| Sister(s) | | | | | | | | |

| PERSONAL HISTORY | | Yes | No | Yes | No | Yes | No | Yes | No |
|---|--|-----|----|--|----|-----|----|--|----|
| Scarlet Fever | Insomnia | | | | | | | | |
| Measles | Frequent Anxiety | | | <input type="checkbox"/> Pain <input type="checkbox"/> Pressure | | | | Gallbladder Trouble | |
| German Measles | Frequent Depression | | | Chronic Cough | | | | or Gallstones | |
| Mumps | Worry or Nervousness | | | Palpitations (Heart) | | | | Recurrent Diarrhea | |
| Chicken Pox | Recurrent Headaches | | | High Blood Pressure | | | | <input type="checkbox"/> Rupture <input type="checkbox"/> Hernia | |
| Malaria | Recurrent Colds | | | Low Blood Pressure | | | | Recent Weight: | |
| <input type="checkbox"/> Gum <input type="checkbox"/> Tooth Trouble | Head Injury with Unconsciousness | | | Rheumatic Fever | | | | <input type="checkbox"/> Gain <input type="checkbox"/> Loss | |
| Sinusitis | | | | Heart Murmur | | | | <input type="checkbox"/> Dizziness <input type="checkbox"/> Fainting | |
| Eye Trouble | <input type="checkbox"/> Hay Fever <input type="checkbox"/> Asthma | | | Joint Problems: | | | | <input type="checkbox"/> Weakness <input type="checkbox"/> Paralysis | |
| <input type="checkbox"/> Ear <input type="checkbox"/> Nose | Tuberculosis | | | Trick Knee | | | | <input type="checkbox"/> Epilepsy <input type="checkbox"/> Convulsions | |
| <input type="checkbox"/> Throat Trouble | Shortness of Breath | | | Shoulder | | | | URINE: Sugar | |
| Surgery | Allergy | | | Back Problems | | | | Albumin | |
| Appendectomy | Penicillin | | | <input type="checkbox"/> Tumor <input type="checkbox"/> Cancer <input type="checkbox"/> Cyst | | | | Frequent Urination | |
| Tonsillectomy | Sulfonamides | | | Jaundice | | | | Smoker - how many per day: | |
| Hernia Repair | Serum | | | Stomach Trouble | | | | FEMALES ONLY | |
| Other | Foods (which) | | | Intestinal Trouble | | | | Irregular Periods | |
| | Other | | | <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypoglycemia | | | | Severe Cramps | |
| | | | | | | | | Excessive Flow | |

**** IF YOU WEAR GLASSES, PLEASE ATTACH A COPY OF YOUR EYEGLASS PRESCRIPTION.**

| LAST NAME (print) | Yes | No | ADDITIONAL COMMENTS |
|--|-----|----|---------------------|
| A Has your physical activity been restricted during the past five years? (Give reasons and duration) | | | |
| B Have you had difficulty with school or teachers? (Give details) | | | |
| C Have you received treatment or counseling for a nervous condition, emotional problems, or substance abuse problems? (Give details) | | | |
| D Have you had any illness or injury or been hospitalized other than already noted? (Give details) | | | |
| E Have you consulted or been treated by clinics, physicians, healers or other practitioners within the past five years? (Other than routine checkups?) | | | |

CHECK IF ANY APPLY:

| | | | |
|---------------------------------|------------------------|---------------------------|------------|
| _____ Wheelchair bound | _____ Deaf | Student Signature _____ | Date _____ |
| _____ Use of braces or crutches | _____ Hearing impaired | Physician Signature _____ | Date _____ |
| _____ Blind | _____ Other handicap | | |
| _____ Visually impaired | | | |

Please briefly explain your special needs: _____

RETURN THIS FORM TO:
International Admissions
C.W. Post Campus
Long Island University
720 Northern Blvd.
Brookville, N.Y. 11548-1300 USA
FAX: +1 (516) 299-2418



To download this form, go to www.liu.edu/international (click on Admitted Students)

REPORT OF HEALTH EVALUATION

TO BE COMPLETED BY PHYSICIAN

To the Examining Physician: Please review the student's history and complete the physician's form below. Comment on all positive answers. The information supplied will not affect his/her status; it will be used only as a background for providing health care if necessary. This information is strictly for the use by the Student Health and Counseling Center and will not be released without student consent. Please be sure to sign both sides of form.

| | | | |
|----------------------------------|-----------------------------------|-----------------------------------|--|
| STUDENT'S LAST NAME | FIRST NAME | MIDDLE | SEX M <input type="checkbox"/> F <input type="checkbox"/> |
| STUDENT'S SOCIAL SECURITY NUMBER | <input type="checkbox"/> RESIDENT | <input type="checkbox"/> COMMUTER | DATE OF BIRTH |

MANDATED BY NEW YORK STATE LAW

New York State requires all students attending colleges and universities in New York state who were born on or after **JANUARY 1, 1957**, to be immunized against **Measles, Mumps and Rubella**. Records should indicate **TWO** immunizations against **Measles** and **ONE** each against **Mumps and Rubella**. All immunizations must have been live vaccines — measles available in **1968** and mumps available in **1969**. All immunizations must have been given on or after the first birthday.

IMMUNIZATIONS AND TESTS - Please give complete dates (Month/Day/Year)

| | Dates of Immunization | | | Date of disease | Titre* |
|-------------------|-----------------------|-----|-----|-----------------|---------------|
| MMR | 1st | 2nd | | | *(MUST attach |
| Rubeola | 1st | 2nd | | | a copy of |
| Mumps | | | | | actual lab |
| Rubella | | | | Not acceptable | report) |
| Menomune/Menactra | | | | | |
| Polio | | | | | |
| Tetanus Toxoid | | | | | |
| HBV | 1st | 2nd | 3rd | | |

I HAVE EXAMINED THE FOLLOWING:

| | FINDINGS: |
|------------------------------|-----------|
| 1. Head, Ears, Nose & Throat | |
| 2. Respiratory | |
| 3. Cardiovascular | |
| 4. Gastrointestinal | |
| 5. Hernia(s) | |
| 6. Eyes | |
| 7. Genitourinary | |
| 8. Musculoskeletal | |
| 9. Metabolic/Endocrine | |
| 10. Neuropsychiatric | |
| 11. Skin | |

TST I.D. (Mantoux) Mandatory

Date administered: _____
 Date read: _____ Results _____mm
 TST Read by: _____
 Physician's Signature
 and
 Office Stamp _____
 (If TST/Mantoux is positive, chest x-ray is required and report must be attached.)
 Height: _____ Weight: _____
 Blood Pressure: _____
 Vision: R _____ L _____ Corrected: R _____ L _____
 Urinalysis: Micro _____ Sugar _____ Albumin _____
 Hemoglobin (if indicated): _____ gms%

Is there loss or seriously impaired function of any paired organ? No Yes

Recommendations for physical activity? Unlimited Limited Explain _____

Is the student taking any medication? No Yes Please list _____

I have examined the above patient and have found him/her physically fit to compete in intercollegiate sports. No Yes

Have you any general comments? _____

Physician's Signature: _____ Date: _____

PRINT NAME: _____

ADDRESS & Office Stamp _____

REQUIRED →

PARENTAL/GUARDIAN PERMIT

The law requires that parental permission be obtained so that medical attention can be administered to minors. The following consent form should be signed by a parent or legal guardian so that procedures judged necessary may be conducted without undue delays. However, no major operation will be performed, except in extreme emergency, without the parents being contacted and fully informed.

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter and also present information concerning his/her medical condition to other responsible College Officials when deemed necessary.

Signed: _____ Relationship: _____

Student is covered by: Hospitalization Medical Care Surgical Care

If yes, give company: _____ Policy No. _____

STUDENT AFFIDAVIT: I hereby certify that all the information entered is complete and accurate:

Student Signature: _____ Date: _____

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Background: Meningococcal Meningitis

Overview of Meningococcal Meningitis

Meningococcal disease is a potentially life threatening bacterial infection. The disease most commonly is expressed as either **meningococcal meningitis**, an inflammation of the membranes surrounding the brain and spinal cord, or **meningococemia**, a presence of bacteria in the blood.

Meningococcal disease is caused by *Neisseria meningitidis*, which has become the leading cause of bacterial meningitis in older children and young adults in the United States.

Meningococcal disease strikes about 3,000 Americans each year, leading to death in approximately 10 to 15 percent of cases, which translates into 300 deaths annually. It is estimated that 100 to 125 cases of meningococcal disease occur annually on college campuses and 5 to 15 students die as a result. The disease can result in permanent brain damage, hearing loss, learning disability, limb amputation, kidney failure or death.

The incidence of meningitis outbreaks of serogroup C has risen in the past 10 years, including cases at U.S. colleges and universities. Data suggest that certain social behaviors, such as exposure to passive and active smoking, bar patronage and excessive alcohol consumption, may increase students' risk for contracting the disease. Recent data also show students living in dormitories, particularly freshmen, have a six fold increased risk for the disease.

Vaccination Recommendations for College Students

On October 20, 1999, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted to recommend that college students, particularly freshmen living in dormitories and residence halls, be educated about meningococcal meningitis and the potential benefits of vaccination.

ACIP further recommends that immunization should be provided or made easily available to those who wish to reduce their risk for meningococcal meningitis. Other undergraduate students wishing to reduce their risk for meningococcal meningitis can also choose to be vaccinated. The American College Health Association (ACHA) supports the ACIP recommendation.

Meningococcal Disease Caused by Five Strains/Serogroups

There are five predominant strains or serogroups of *N. meningitidis* that account for most cases of meningococcal disease. These are A, B, C, Y and W-135. Among the serogroups responsible for invasive meningococcal disease in the United States in 1997, serogroup B accounted for 30 percent of cases, serogroup C caused 28 percent, serogroup Y about 37 percent and serogroups A and W-135 were rare. Serogroup A is predominantly a cause of meningococcal disease in Africa and Asia. In general, serogroups C, Y and W-135 have higher rates of death and complications compared to serogroup B.

Transmission and Symptoms of the Disease

Meningococcal bacteria are transmitted through the air via droplets of respiratory secretions and direct contact with persons infected with the disease. Oral contact with shared items, such as cigarettes or drinking glasses, or through intimate contact, such as kissing, could put a person at risk for acquiring the infection. People identified as close contacts of a patient are at an increased risk for disease and should receive antibiotics to prevent meningitis.

Many normal healthy people become carriers of these bacteria and usually nothing happens to the person other than developing natural antibodies. Very rarely, for reasons such as suppressed immunity or concurrent respiratory illness, the bacteria invades the body, causing disease.

Meningococcal disease usually peaks in late winter and early spring. The disease can easily be misdiagnosed as something less serious, because symptoms are similar to the flu. The most common symptoms include high fever, headaches, stiff neck, confusion, nausea, vomiting, lethargy and/or rashes. Anyone with similar symptoms should contact a physician immediately. If untreated, often within hours of the onset of symptoms, the disease can progress rapidly and can lead to shock and death.

Incidence of Meningococcal Meningitis

In the United States, outbreaks of serogroup C meningococcal disease have been occurring more frequently since the early 1990s, especially among young adults in school and community settings. There were 26 outbreaks between 1994 and 1996; four of these outbreaks were at a college or university, compared with only 15 outbreaks occurring between 1989 and 1993, including two outbreaks at a college or university.

Persons at Risk for the Disease, Including College Students

Meningococcal disease can affect people at any age. Certain groups are at increased risk for contracting the disease including those in close contact with a known case, individuals with compromised immune systems and persons traveling to endemic areas of the world. Since 1991, cases of meningococcal disease among 15 to 24 year olds have more than doubled.

Recent evidence found that students residing in dormitories on campus appear to be at higher risk for meningococcal disease than college students overall. Further research recently released by the CDC shows freshmen living in dormitories have a six times higher risk for meningococcal disease than college students overall.

Prior to 1971, the military had experienced high rates of meningococcal disease, particularly serotype C disease. The U.S. military now routinely vaccinates new recruits. Similar to college students, military recruits live in confined areas. Since the initiation of routine vaccination of recruits, there has been an 87 percent reduction in sporadic cases and a virtual elimination of outbreaks of invasive meningococcal disease in the military.

Vaccination to Prevent Meningococcal Meningitis

A quadrivalent meningococcal vaccine is available against four of the most common strains of *N. meningitidis* in the United States (A, C, Y, W-135). The vaccine can be used in adults and children older than two years of age, and is 85 to 100 percent effective in preventing serogroups A and C of meningitis in older children and adults.

The vaccine is often used to control serotype C meningococcal disease outbreaks and for pre-exposure among certain high risk groups (e.g., immunosuppressed, travelers).

As of October 20, 1999, ACIP recommends that undergraduate college students, particularly freshmen who live in, or plan to live in, dormitories or residence halls, receive information about meningococcal meningitis and the benefits of vaccination. Freshmen and other undergraduates who wish to reduce their risk for disease should be provided access to the vaccine.

Cases/Outbreaks of the Disease

Between 1986 and 1993, an outbreak was defined as five cases of the same serotype in 100,000 people with at least three occurring within three months. From 1994 to present, 10 cases of the same serotype in 100,000 people with at least three occurring within three months constitute an outbreak. The vast majority of disease occurs as sporadic and isolated cases, referred to as endemic disease.

For More Information

For more information on meningococcal meningitis and the vaccine, please contact the C.W. Post Campus Student Health and Counseling Center at +1 (516) 299-2345 or e-mail vscala@liu.edu. You can also visit the Web sites of the Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/ncidod/dbmd/diseaseinfo>, and the American College Health Association, www.acha.org.

The American College Health Association

The American College Health Association, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 16 million college students. The Association provides advocacy, education, communications, products, and services, as well as promotes research and culturally competent practices to enhance its members' ability to advance the health of all students and the Campus community. For more information, visit www.acha.org.

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

MENINGOCOCCAL MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all students complete and return this form to International Admissions, C.W. Post Campus of Long Island University, 720 Northern Blvd., Brookville, New York 11548-1300 USA. Please remember to also enclose the Report of Medical History and the Report of Health Evaluation.

Check one box and sign below.

- I had the meningococcal meningitis immunization (Menomune/Menactra TM) within the past 10 years. Date received: _____
- I read or have had explained to me the information regarding meningococcal meningitis disease. I will obtain immunization against meningococcal meningitis within 30 days from my private health care provider.
- I have read or have had explained to me the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will not obtain immunization against meningococcal meningitis disease.

Student Signature
(Parent/Guardian if student is a minor)

Date

Print Student Name

Date of Birth

Student Soc. Sec. No./Student ID No.

Phone Number

Street Address

City, State/Province, Country, ZIP/Postal Code

To download this form, go to www.liu.edu/international (click on Admitted Students)

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Additional Information for Students

• RESIDENCE HALL INFORMATION

The C.W. Post Campus of Long Island University maintains ten residence halls housing approximately 1,950 students. Typical items supplied by C.W. Post include:

- desk and chair
- bed with mattress
- wardrobe/closet and dresser for each student
- window curtains

Students must provide their own bed linens, pillows, blankets, desk lamps, etc. Bed linens, pillows and blankets can be purchased from International Student Services for a nominal fee.

Most rooms do not have a lot of extra space, but some students find room for a small refrigerator and/or television, which they must provide themselves. There are coin operated laundry facilities for each residence hall. There is a common lounge for students to meet and relax. There are also shared bathrooms on each floor with private showers and toilet stalls.

Students who are used to privacy sometimes find living in the residence halls difficult to adjust to. However, the experience of living in a residence hall is often considered an important part of campus life. Often, one's roommate becomes a lifelong friend. In addition, the process of learning to live with other people is a valuable experience. Living in a residence hall tends to develop more campus involvement and a greater sense of belonging to the University.

• OFF-CAMPUS HOUSING LOCATOR

<http://webdata.liu.edu/ochousing/>

This Web site is designed to help students locate housing near the campus if they do not wish to live in on-campus housing.

• CAMPUS LIFE

C.W. Post currently has over 80 clubs and organizations to join. If students are interested in a club that isn't in existence, they can start a new one! For information visit www.liu.edu/clubs.

C.W. Post has more than 600 international students from over 50 countries studying at the undergraduate and graduate levels.

• CLIMATE/WEATHER IN THE C.W. POST AREA

Long Island enjoys a moderate climate, given its relatively northern latitude, which makes it a pleasant place to visit year-round. Long Island has four seasonal changes each year. Students should come prepared with winter coats, sweaters, etc. as temperatures can fall below the freezing mark during the winter months. Temperatures range from an average high of 29.4C (85F) in the summer months (July and August) to an average low of -3.3C (26F) during the winter months (January and February).

C.W. POST CAMPUS OF LONG ISLAND UNIVERSITY

Information for International Travelers

Transportation from Airport

Upon arrival at John F. Kennedy International Airport or LaGuardia Airport, you will need to travel about 45 minutes to our campus.

We recommend that you go to the ground transportation area in the airport, which is near the “Baggage Claim” area. Several van services are available, such as “Classic Coach” or “LIALS” (Long Island Limousine Service.) Free phones at the ground transport desk will connect you with one of these companies. You will need to wait 15-25 minutes for the driver to pick you up. Charges are U.S.\$45-\$60. A tip of a few dollars is optional.

If you decide to take a taxi, we recommend that you only use an official, licensed cab (usually yellow.) These cabs will be lined up in a taxi area or you can ask at the ground transport desk. A taxi can cost between U.S.\$35 and U.S.\$75. A tip of a few dollars is optional.

We do NOT recommend you take a ride from a private taxi driver who might approach you in the baggage area or on the sidewalk. Even if they offer a cheaper rate, they are breaking the law by operating without a proper taxi license.

If you are not at the airport and need to contact a coach service, here are the numbers. These companies can also bring you from the campus to the airports. Call from a free phone in the airport to arrange for a pick up.

All Island Taxi +1 (516) 486-6666

Arena Taxi +1 (516) 671-1848

Receive 10% off by mentioning you are a

C.W. Post student.

If driving to the Campus from New York City

From New York City this drive should take about 45 minutes (with no traffic). Leave Manhattan through the Queens-Midtown Tunnel. Head east on the Long Island Expressway (I-495) to Exit 39-N and head north on Glen Cove Road for about 2.5 miles. Turn right at the intersection at Northern Boulevard (Route 25A.) This is a major intersection where you will see a gas station and a Pathmark shopping center. After making a right, travel five traffic lights (approximately 2.5 miles) and make a right at the fifth light to the C.W. Post Campus at 720 Northern Boulevard (Route 25A), in the Village of Brookville.

By Train/Bus from New York City

From Penn Station, go to the LIRR (Long Island Rail Road) section. Take the Port Jefferson train line to the Hicksville Station (45-60 minutes.) From there, take the N-20 bus (Northwest bound) to the C.W. Post Campus (about 10 minutes). Train tickets should be purchased at the station. For the bus, you'll need exact change (currently U.S.\$2) or a “Metro Card” also available at Penn Station.

Directions to the International Student Services (I.S.S.)

Enter the C.W. Post Campus through the western gate from Northern Boulevard. Once on campus, stay straight on Post Lane, make a left on Pioneer Boulevard. Post Hall is on the left. Park on the south side of Post Hall; our office is located to the right of the Residence Life Office.

I.S.S. Contact Information:

E-mail: ISS@cwpost.liu.edu
Fax: +1 (516) 299-1450
Phone: +1 (516) 299-1451
Emergency: +1 (516) 299-2222
Web: www.liu.edu/iss

Admissions Contact Information:

E-mail: international@cwpost.liu.edu
Fax: +1 (516) 299-2418
Phone: +1 (516) 299-2900
Web: www.liu.edu/international

C.W. POST CAMPUS



Directions and Campus Map www.liu.edu/directions
720 Northern Blvd. • Brookville, NY 11548-1300

+1 (516) 299-2900 • Fax: +1 (516) 299-2418 • www.liu.edu/international