



## ADMISSION GUIDELINES AND REGISTRATION PROCEDURES FOR HIGH SCHOOL JUNIORS AND SENIORS

### GUIDELINES FOR ADMISSION:

1. Student must have completed the sophomore year.
2. Student must have a minimum cumulative high school GPA of 3.2 on a 4.0 scale.
3. Student must have ACT composite score and subscores of 19 or higher or comparable SAT scores. If ACT or SAT scores are not available, comparable PLAN scores are required.
4. Student must have written permission and recommendation of high school principal or guidance counselor.
5. Student must have written permission of parent(s).
6. Student's eligibility to enroll for credit or audit (no credit) is determined by admissions personnel after consultation with the student and the academic department in which the course is taught.
7. Admission to selected courses will be limited on an individual classroom basis according to space availability.
8. Fees for any courses will be charged according to the current undergraduate fee schedule.
9. Students may register for no more than seven (7) semester hours per semester when enrolled in this program.
10. Students interested in the Dual Enrollment Grant of the Tennessee Lottery must file the appropriate application for the grant and register for courses prior to the TSAC deadline dates.

### REGISTRATION PROCEDURE:

The following materials must be received before the student can be considered for admission:

1. The attached forms, with proper signatures and proposed class schedule.
2. High school transcript and any available test scores (ACT or SAT or PLAN).
3. Application for admission.
4. Application fee of \$15.00.
5. The attached ***Immunization Health History*** form with appropriate signature based on your age at the time of application. This form must be submitted and processed before registration for classes will be processed. Form must be returned to the following:

East Tennessee State University  
Student Health Services  
P.O. Box 70675  
Johnson City, TN 37614

OR

Fax to: 423-439-4650

Student's Name \_\_\_\_\_  
(Last) (First) (Middle)

Student's Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_

I understand the guidelines concerning my admission and the registration regulations.

\_\_\_\_\_  
Date

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

**PRINCIPAL OR GUIDANCE COUNSELOR**

The above student meets the established admission guidelines and has my permission and recommendation to enroll at East Tennessee State University.

This student has a current grade point average of \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PARENTS**

My son or daughter has my permission to enroll at the University as a special student. I understand the guidelines concerning his/her admission and the regulations regarding registration for classes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**Meningococcal Meningitis and Hepatitis B  
Immunization Health History Form**

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning hepatitis B infection to all students entering the institution for the first time. Those students who will be living in on-campus housing must also be informed about the risk of meningococcal meningitis infection. The required information below includes the risk factors and dangers of each disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the diseases. The information concerning these diseases is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

**A. Hepatitis B (HBV) Immunization  
(TO BE COMPLETED BY ALL NEW STUDENTS)**

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drugs use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases.

\_\_\_\_\_ I hereby certify that I have read this information and I have received the initial dose of the Hepatitis B vaccine.  
Date of initial dose of the Hepatitis B vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or Parent/Guardian (if student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**B. Meningococcal Meningitis  
(TO BE COMPLETED BY NEW STUDENTS LIVING IN UNIVERSITY HOUSING)**

Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and or death.

There are 5 different subtypes (called serogroups) of the bacterium that causes Meningococcal Meningitis. This current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease, including serogroups A, C, Y and W-135. The duration of protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days.

The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated.

\_\_\_\_\_ I hereby certify that I have read the information and I have received the vaccine for Meningococcal Meningitis.  
Date of Meningococcal Meningitis vaccine: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I hereby certify that I have read this information and I have elected not to receive the vaccine for Meningococcal Meningitis.

Signature of Student or Parent/Guardian (If student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

For more information about Meningococcal Meningitis and Hepatitis B disease and vaccine, please contact your local health care provider or consult the Center for Disease for Disease Control and Prevention Web site at [ww.cdc.gov/health/default.htm].

Please submit to: ETSU Student Health Services, P.O. Box 70675, Johnson City, TN, 37614 or fax to 423-439-4560



ETSU Office of Admissions  
P.O. Box 70731  
Johnson City, TN 37614  
423-439-4213 or 1-800-462-3878  
Email GO2ETSU.EDU

**ADMISSION GUIDELINES AND REGISTRATION PROCEDURES  
FOR DUAL ENROLLMENT  
HIGH SCHOOL JUNIORS AND SENIORS  
AUTHORIZATION TO RELEASE GRADES**

I authorize East Tennessee State University to release my transcript of academic work to my high school, after attending East Tennessee State University as a Dual Enrolled or Early Admission student. I understand this permission form only applies while attending East Tennessee State University under the status of *Dual Enrollment or Early Admission*.

\_\_\_\_\_  
Student's Legal Name (Please print)

\_\_\_\_\_  
Student Identification Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE THE FOLLOWING:**

Name of High School: \_\_\_\_\_

High School Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_