



Student is required to complete this section:

Name _____

Date of Birth ____ / ____ / ____

Social Security # _____
(Required in order to receive Dual Enrollment Grant payment)

Phone (____) _____

High School _____

Registration for:
(select one)

Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
(Aug - Dec)	(Jan - May)	(May - Aug)

Year _____

Course(s) in which I would like to enroll:

Course _____
(subject, course, section)

Days/Time _____

On-Ground <input type="checkbox"/>	Online <input type="checkbox"/>
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Course _____
(subject, course, section)

Days/Time _____

On-Ground <input type="checkbox"/>	Online <input type="checkbox"/>
---------------------------------------	------------------------------------

Course _____
(subject, course, section)

Days/Time _____

On-Ground <input type="checkbox"/>	Online <input type="checkbox"/>
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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 student. I understand this permission form only applies while attending East Tennessee State University under the status of Dual Enrollment or Early Admission. I understand the guidelines concerning my admission and the registration regulations. I understand I must complete the application on-line to be considered for the Dual Enrollment Grant and ETSU Dual Enrollment Scholarship or I will be responsible for all tuition and fees due. I provide consent for information regarding my admission and records to be discussed with my parent and/or guardian while enrolled as a dual enrollment student. I understand that receiving more than \$1,200 in Dual Enrollment Grant funding in high school will result in a (dollar for dollar) reduction in my Hope Scholarship during my first semester of enrollment at the postsecondary level. I understand I will be subject to the university's regular established policies for registration and grading.

Student Signature _____

Date _____

Application Fee

There is a required \$25 application fee. If you wish to complete your application while ETSU representatives are available at your school, please bring cash, check, or a credit or debit card to complete the application fee payment at that time.

Refund Policy

East Tennessee State University adheres to The Tennessee Board of Regents (TBR) system-wide policy for calculating fee adjustments and refunds. The fee adjustment policy provides for three fee adjustment periods and is based entirely upon the official date of withdrawal or change of course which would result in a recalculation of fees. Students who need to drop any courses or withdraw from the University should do so before the start of classes for the term to ensure that no registration fees are owed.

Please visit etsu.edu/bf/bursar/tuitioninfo/calendar.php for specific refund/adjustment periods for each part-of-term.

School Recommendation

Guidance Counselor or Principal is required to complete this section:

This 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 _____.

Principal or Guidance Counselor Signature _____

Date _____

Permission to Enroll

Parent/Guardian is required to complete this section:

My son or daughter has my permission to enroll at East Tennessee State University as a special student. I understand the guidelines concerning his/her admission and the regulations regarding registration for classes. I understand that receiving more than \$1,200 in Dual Enrollment Grant funding in high school will result in a (dollar for dollar) reduction in my son or daughter's Hope Scholarship during their first semester of enrollment at the postsecondary level. I understand that my son/daughter is subject to the university's regular established policies for registration and grading. If my son or daughter is participating in dual enrollment with two institutions, I authorize the two institutions to exchange information concerning the dual enrollment grant and the academic record.

Parent/Guardian Signature _____

Date _____

Parent e-mail address _____

Important! For students under 18:
A parent or guardian must complete
this form and submit to University
Health Center before you will be
permitted to register.

ETSU
University Health Center
Hepatitis B and Meningococcal Meningitis
Immunization Health History Form
Please Print Legibly in Ink

If under 18, please submit to:
University Health Center
PO Box 70675
Johnson City TN 37614
FAX: 423-439-4560
PHONE: 423-439-4225

Name: _____
Last First MI
Date of Birth: _____ ETSU ID # _____ Phone: (____) _____
Month/Day/Year

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 for the first time must also be informed about the risk of Meningococcal Meningitis infection. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the diseases. 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 vaccinations for the Hepatitis B or *Meningococcal Meningitis for enrollment at this time. However, you must complete this information. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine. **Please complete Parts A and B.**

A. Hepatitis B (HBV)

[TO BE COMPLETED BY ALL NEW STUDENTS] Please complete Parts A and B.

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 drug 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. The Hepatitis B vaccine is available at the University Health Center.

_____ I hereby certify that I have read this information and **I have received or plan to receive the complete three dose series 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.**

B. Meningococcal Meningitis

[TO BE COMPLETED BY ALL NEW STUDENTS] Please complete Parts A and B.

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 meningococcemia (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 or death. There are 5 different subtypes (called serogroups) of the bacterium that causes Meningococcal Meningitis. The 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. The Meningococcal Meningitis vaccine is available at the University Health Center.

_____ I hereby certify that I have read the information and **I have received or plan to receive the vaccine for Meningococcal Meningitis.**

_____ 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 Control and Prevention Web site at www.cdc.gov/health/default.htm.