### Spring 2013 Pre-Arrival Check-list

<table>
<thead>
<tr>
<th>DONE</th>
<th>DEADLINE</th>
<th>ACTION</th>
<th>WHERE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Immediately</td>
<td>Complete $100 tuition deposit and $100 housing fee (only for students living on-campus)</td>
<td>Deposits</td>
</tr>
<tr>
<td></td>
<td>Immediately</td>
<td>Living on-campus: Complete the housing application</td>
<td>Housing Application</td>
</tr>
<tr>
<td></td>
<td>November 12(^{th})</td>
<td>Living off-campus (students that are married or over the age of 22): Complete the off-campus petition</td>
<td>Off-Campus Petition</td>
</tr>
<tr>
<td></td>
<td>November 19(^{th})</td>
<td>Complete the Emergency Information Card</td>
<td>Emergency Information Card</td>
</tr>
<tr>
<td></td>
<td>December 3(^{rd})</td>
<td>Complete Student Arrival Card</td>
<td>Arrival Card</td>
</tr>
<tr>
<td></td>
<td>December 10(^{th})</td>
<td>Complete the Immunization Form</td>
<td>See form below</td>
</tr>
<tr>
<td></td>
<td>December 14(^{th})</td>
<td>Complete the Health Record</td>
<td>Health Record</td>
</tr>
<tr>
<td></td>
<td>December 19(^{th})</td>
<td>Complete Health Insurance information</td>
<td>Accept LETU Health Insurance</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Waive LETU Health Insurance</td>
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</tbody>
</table>
REQUIRED IMMUNIZATION FORM

THIS FORM MUST BE RETURNED PRIOR TO REGISTRATION

Return to:
Health Services Department
LeTourneau University
PO Box 7001
Longview, TX 75607-7001
1-800-759-8811 ext. 4445
FAX # 903-233-4403

NAME _______________________________ BIRTHDATE ___________________________ STUDENT ID# ____________________________

Last name   First name   MI   Month   Day   Year

ADDRESS ____________________________________________

Street   City   State   Zip Code

PHONE _______________________________ NOTE: Two (2) MMR’s are required

Two (2) Measles, Mumps, and Rubella (MMR) immunizations are required for college admission. Vaccination information is to be completed and signed by a health care provider and/or attach a copy of your vaccination record to this form.

Date of first Measles, Mumps, Rubella Immunization

MMR1 Month/Day/Year

Date of second Measles, Mumps, Rubella Immunization

MMR2 Month/Day/Year

If you have had the following immunizations, please indicate the dates for each:

MENINGITIS (Meningococcal Vaccine)
*Required within the last 5 years for ALL students in the classroom.

Date: __________________________

TETANUS/ DIPHTHERIA (DTaP or Td)
*Required every 10 years.

Date: __________________________

POLIO SERIES
*Recommended.

Date: __________________________

TUBERCULIN SKIN TEST
* Within one year prior to enrollment.

Date: __________________________

Signature x ____________________________________________ Date: __________________________

(Must be signed by the physician or nurse completing this form)

In addition to completing this form, please complete the online health form, found at:

www.letu.edu/healthform