

ALL APPLICATION MATERIALS CAN BE MAILED TO:

**Dakota State University
Office of Graduate Studies and Research
Heston Hall Room 309
820 N Washington Ave
Madison, SD 57042**

Materials required to complete this application:

1. **Application Form:** A complete application form includes the application form and any program- specific application materials required. (Please see individual program requirements).
2. **Application Fee:** A non-refundable application fee of \$35 (\$85 for international students), drawn on a U.S. bank, must accompany the form. The check should be made payable to Dakota State University. If the application fee is not included, the application will not be processed. **The application fee cannot be waived or deferred and is non-refundable.**
3. **Transcripts:** Official transcripts for all institutions from which you have earned degrees or expect to earn a degree as well as any institution from which you have completed coursework that you want considered as part of your degree requirements. If you have received any degree from a South Dakota Regental institution, you will not need to submit an official transcript for that university. Transcripts should be sent directly to the Office of Graduate Studies and Research in a sealed envelope. The registrar's signature and the school seal must be across the sealed flap. Neither photocopies nor transcripts marked "student copy" are acceptable. In unusual circumstance, an application with unofficial transcripts will be reviewed, but the official transcript must be received prior to official admission.
5. **Forms of Recommendation:** Applicants must submit three forms of recommendation. If the recommendation forms are included with the completed application, the recommendation should be sealed inside an envelope with the reference's signature across the sealed envelope flap to ensure confidentiality. Additional recommendation forms are available in the Office of Graduate Studies and Research or on-line at <http://www.dsu.edu/gradoffice/grad-admission.aspx>. Three recommendation forms are included in each admission packet that is mailed to prospective applicants.
6. **Standardized Graduate Admission Test Scores:** Applicants are required to take the GRE General test (See specific programs for waiver criteria). International students must also take the TOEFL. Applicants should have the official test scores sent directly to the Office of Graduate Studies and Research. The DSU code number for both tests: 6247.
7. **Assistantship Form**
Applicants who are requesting a graduate assistantship must complete and submit the assistantship form, including the skills and abilities matrix form for specific programs. If you are applying for an assistantship, you must take the GRE.

Additional materials that International Students must complete:

1. **Transcripts:** English translation of transcripts, with a grade point average or overall percentage calculated and provided, either on the transcript or in a notarized document. The credential must have an authorized signature clearly showing the date of entry in the program and date of graduation. Under unusual circumstances, notarized or certified copies may be submitted for evaluation at the time of application and will be accepted as official transcripts.
2. **H1-B visa:** please include a copy of your visa, passport and a letter from your employer.
3. **Proficiency in English:** to meet this requirement, the applicant must submit an official Test of English as a Foreign Language (TOEFL) score or proof of an undergraduate or graduate degree from an accredited university in the United States. A score of 550 on the paper-based test, 78 on the Internet-based test, and 213 on the computer-based test is required.
4. **Finances:** Submit official documentation showing that you have access to sufficient funds to cover all the necessary living and tuition expenses for the duration of the program study. Along with the DSU Declaration and Certification of Finances form, submit official bank statements, notarized support letters, or some other official affidavit of support.
5. **Application fee:** \$85 Note: International students also pay a one-time International student fee their first semester at DSU, in addition to tuition and fees.



APPLICATION FOR GRADUATE ADMISSION

Application materials can be sent to the DSU, Office of Graduate Studies & Research, 309 Heston Hall, 820 N. Washington Ave., Madison, SD 57042. Before an application can be processed all items listed in the application checklist (page 3 of this form) must be on file.

Program Information (degree for which you are applying)

- MS in Information Systems (MSIS)
- MS in Health Informatics (MSHI)
- MS in Information Assurance and Computer Security (MSIA)
- MS in Educational Technology (MSET)
- Doctor of Science (D.Sc.) in Information Systems
- Full Time (minimum 9 cr. hrs. per semester)
- Part Time (less than 9 cr. hrs. per semester)

- Term of Entry: FA 20____ SP 20____
- Term of Entry: SU 20____ FA 20____ SP 20____
- Term of Entry: FA 20____
- Term of Entry: SU 20____ FA 20____ SP 20____
- Term of Entry: FA 20____

PERSONAL INFORMATION

NAME: _____
Last Name First Name Middle Suffix (Jr., Sr., III, etc.)

Former Name: _____
(Other names under which any documents might arrive)

Social Security Number _____ - ____ - _____ Date of Birth (use numbers): ____/____/____
mm dd yy

CURRENT ADDRESS (Present mailing address)

Number and Street City State Zip code Country

Local Telephone Number (_____) _____ Work/School Telephone Number (_____) _____

Electronic mail address (e-mail) _____

Current address, phone, and email valid until _____

PERMANENT ADDRESS (if different from above)

Number and Street City State Zip code Country

(_____) _____
Phone Number at Permanent Address _____

Person to contact in case of an emergency _____ Phone Number _____

CITIZENSHIP AND RESIDENCY

Are you a citizen of the United States? Yes No If yes, are you a resident of South Dakota? Yes No

Are you a resident of MN? Yes No

If you are not a U.S. citizen;

- What is your country of citizenship? _____
- What is your country of birth? _____
- Are you a permanent resident? Yes No **Please attach a copy, front and back, of your green card form I-555**

If you are not a U.S. citizen or permanent resident, what is your visa status? _____
(If H1B, attach a copy of your visa, passport, and letter of approval from employer.)

What is your native language? _____ How many years have you spoken or studied English? _____

Information Request

The information requested below is used to comply with Title VI of the Civil Rights Act of 1964. As an applicant, responding to these questions is optional and your response will in no way affect your admission. However, we are asking for the information now, to avoid sending a separate request after admission. We use the data in aggregated form only, to comply with federal requirements.

Gender: Male Female

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Information Refused

Race: We invite you to designate any minority group status with which you identify, check all that apply.

American/Alaska Native Black or African American White Asian Hawaiian/Pacific Islander

ACADEMIC HISTORY

Baccalaureate degree:

Institution	Location	Dates attended	Degree Earned	Date Earned
Undergraduate Major _____	Undergraduate Minor _____	GPA or equivalent (class, division or %) _____ (Do not convert % to GPA)		

Master's degree:

Institution	Location	Dates attended	Degree Earned	Date Earned
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Official transcripts for all institutions from which you have earned degrees or expect to earn a degree should be sent directly to the Office of Graduate Studies and Research or enclosed in a sealed and signed envelope and submitted with this application.

Please list in **reverse** chronological order all institutions of higher education you have attended or are currently attending in addition to the listed above. You may attach additional pages if necessary.

Name of Institution	Location or Branch	Dates Attended From	To	Degree, Certificates, credits earned	Date Earned or Expected	Major Field

ASSISTANTSHIP

Are you applying for an assistantship? Yes NO If yes, complete and attach the Application for Assistantship Form.

REQUIRED STANDARDIZED TESTS: Required standardized tests and waiver opportunities are program specific. Please refer to specific program admission requirements before completing the next section. TOEFL is required for all international students whose native language is not English. **All test scores must be current.**

GRE (no more than 5 years old)

Date Taken: _____ OR Expected Test Date and Site: _____

General Test Score: Verbal: _____ Quantitative: _____ Cumulative (V+Q) _____ Analytic Writing _____

Are you requesting a waiver (see admission requirements for acceptable conditions)? Yes No

Criterion or Provide explanation: _____

TOEFL (no more than 2 years old; for international/ESL students)

Date Taken: _____ TOEFL Score: _____ OR Expected Test Date and Site: _____

ACADEMIC HONORS:

In the space below, briefly describe any academic honors (prizes, scholastic recognition, scholarships/fellowships, membership in honorary societies), published works, and leadership activities you consider significant to your graduate study. Continue on separate sheet if necessary.

EMPLOYMENT HISTORY/PROFESSIONAL EXPERIENCE

Please list in reverse chronological order full-time, part-time, and summer employment for the last 5 years.

Name and Address of Employer	Nature of Work/Experience	Dates Employed	
		Month/Year	to Month/Year

Attach additional sheets if necessary.

REFERENCES

Please list the three persons who are familiar with your educational or professional work and who have agreed to serve as references and then please forward a recommendation form to each of these references. These individuals should be able to evaluate your probable success as a graduate student. Completed forms should be sent directly to the Office of Graduate Studies and Research or enclosed in a sealed and signed envelope with this application form.

NAME	ADDRESS	POSITION

Application checklist, please indicate:

- I am enclosing/have requested one official transcript for all institutions from which I've earned or expect to earn a degree (except SD Regental Universities).
- I am enclosing/have requested one official transcript for institutions from which I've completed coursework that I want considered as part of my degree requirements (except SD Regental Universities).
- I have requested an official score report for the GRE general test and TOEFL to be sent to DSU or I am planning to take the GRE/TOEFL.
- I am enclosing/have asked 3 references to submit recommendation forms.
- I have enclosed the \$35.00 application fee (\$85 for international students).
- International student with H1-B visa; I have enclosed/have requested a copy of visa, passport, and letter of approval from employer.
- International students: I have enclosed the DSU Declaration and Certification of Finances form.
- International student with Permanent Residency: I have enclosed a copy of form I-555.

I certify that the information on this form is complete, true and accurate. I understand that any misrepresentation or omission of facts in my application will justify denial or cancellation of admission to the university, before or after enrollment. I understand that the application and all credentials submitted in support of the application become the property of the University and will not be returned or forwarded to another institution. I also understand the information in the application will be shared with all members of the admission committee and assistantship committee (if assistantship is requested).

Signature of Applicant _____

Date _____

Program Information

Please tell us how you learned about the academic program for which you have applied.

- DSU listing in a graduate school guide or directory: _____
- DSU graduate program listing in a Web Guide: _____
- Internet Search _____
- I graduated from DSU
- DSU Graduate Program alumnus
- DSU Website
- Friend
- Professor at current school
- DSU informational mailing
- Other: _____

Additional Information Required for MSHI Applicants

(This page and required additional pages must be included with your application.)

I. CERTIFICATIONS:

Please list any current certifications (or licenses) you hold and provide relevant dates (received/expired). Include copies of the certificates in your application.

1. _____
2. _____
3. _____

Briefly tell us why you think these are relevant to the program (if you do not provide this information, we will not review the certification documents in the application package).

II. GOALS STATEMENT:

On a separate sheet of paper type or word-process an essay describing your professional plans and career objectives. Include personal qualities, educational background, and any experiences that have influenced your career choice. Tell us why you have chosen this degree and this program. The essay should be 350 to 500 words.

III. REQUIRED KNOWLEDGE AREAS:

On a separate sheet of paper, please provide a self-evaluation, indicating the courses or experiences you have had that demonstrate your background in information systems and healthcare to provide a foundation for graduate courses in the healthcare informatics field.

CERTIFICATION AND SIGNATURE

I certify that the information on this form is complete, true and accurate. I understand that any misrepresentation or omission of facts in my application will justify denial or cancellation of admission to the university, before or after enrollment. I understand that the application and all credentials submitted in support of the application become part of the University and will not be returned or forwarded to another institution. I also understand the information in the application will be shared with all members of the admission committee and assistantship committee (if assistantship is requested).

Signature of Applicant _____

Date _____



RECOMMENDATION FORM

TO THE APPLICANT:

Complete the section on personal information and forward the form to three individuals under whom you have studied or worked and/or who are able to assess your qualifications for graduate study. Instruct this person to return the recommendation to you in a sealed envelope, signed across the flap. If the individual prefers to send it to our office directly, it should be sent to the: DSU Office of Graduate Studies and Research; Heston Hall Room 309; Madison, SD 57042. You must submit three recommendation forms.

PERSONAL INFORMATION:

Name _____
 (Last Name) (First Name) (Middle Name)

Address _____
 Number and Street City State Zip code

(_____) _____
 Local Telephone Number Work Telephone Email

INTENDED DEGREE:

- MS in Information Systems (MSIS)
- MS in Health Informatics (MSHI)
- MS in Educational Technology (MSET)
- MS in Information Assurance and Computer Security (MSIA)
- Doctor of Science (D.Sc.) in Information Systems

UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT:

- ____ I have retained my right to access to this recommendation.
- ____ I have waived my right to access to this recommendation.

Signature of Applicant _____ Date _____

TO THE PERSON MAKING THIS RECOMMENDATION:

The applicant has given your name as a reference. The university would appreciate your cooperation in promptly providing feedback regarding the applicant's aptitude for graduate study.

1. How long have you known the applicant? _____
2. During this time, the applicant was a/an:

<input type="checkbox"/> undergraduate student	<input type="checkbox"/> advisee of mine
<input type="checkbox"/> graduate student	<input type="checkbox"/> supervised by me at work
<input type="checkbox"/> departmental assistant	<input type="checkbox"/> other _____
<input type="checkbox"/> assistant of mine	
3. Do you think the applicant is sufficiently prepared to undertake (or continue) graduate work?
 Yes No Uncertain
 Explain: _____

4. Based on the students you have known in the same field and with the same experience and training, how do you rate the applicant?
 Best in my experience Highest 5% Next highest 5% Above average (15-25%) Average (upper 50%)
 Below average (lower 50%)

5. Please rate the applicant on the following characteristics (1: Weak, 9: Extremely strong)

Characteristic											Not able to evaluate
research aptitude	1	2	3	4	5	6	7	8	9		
originality	1	2	3	4	5	6	7	8	9		
acceptance of responsibility	1	2	3	4	5	6	7	8	9		
emotional maturity	1	2	3	4	5	6	7	8	9		
ability to work independently	1	2	3	4	5	6	7	8	9		
writing skills	1	2	3	4	5	6	7	8	9		
speaking skills	1	2	3	4	5	6	7	8	9		
technical/computer skills	1	2	3	4	5	6	7	8	9		

6. Please use this space to discuss the applicant's strengths and weaknesses, creative promise, leadership ability, maturity, character and intellectual capacity. **Please attach additional pages if necessary.**

Name (please print or type (_____ Title _____
 Institution/Organization/Business _____
 Address _____ Phone number _____
 Email: _____
 Signature _____ Date _____

Please sign this form, seal it in an envelope, sign your name over the flap, and return to the applicant to be included in the application packet. If you prefer, your recommendation can also be sent directly to the DSU Office of Graduate Studies and Research, 309 Heston Hall, 820 N Washington Ave, Madison, SD 57042.

If you have any questions, please contact the Office of Graduate Studies and Research at (605) 256- 5799 or email us at gradoffice@dsu.edu.



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- ____ I have retained my right to access to this recommendation.
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Signature of Applicant _____ Date _____

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1. How long have you known the applicant? _____
2. During this time, the applicant was a/an:
 - undergraduate student
 - graduate student
 - departmental assistant
 - assistant of mine
 - advisee of mine
 - supervised by me at work
 - other _____
3. Do you think the applicant is sufficiently prepared to undertake (or continue) graduate work?
 - Yes No Uncertain
 Explain: _____

4. Based on the students you have known in the same field and with the same experience and training, how do you rate the applicant?
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Name (please print or type) _____ Title _____
 Institution/Organization/Business _____
 Address _____ Phone number _____
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 Signature _____ Date _____

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- MS in Information Assurance and Computer Security (MSIA)
- Doctor of Science (D.Sc.) in Information Systems

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____ I have retained my right to access to this recommendation.
 ____ I have waived my right to access to this recommendation.

Signature of Applicant _____ Date _____

TO THE PERSON MAKING THIS RECOMMENDATION:

The applicant has given your name as a reference. The university would appreciate your cooperation in promptly providing feedback regarding the applicant's aptitude for graduate study.

1. How long have you known the applicant? _____
2. During this time, the applicant was a/an:
 - undergraduate student
 - graduate student
 - departmental assistant
 - assistant of mine
 - advisee of mine
 - supervised by me at work
 - other _____
3. Do you think the applicant is sufficiently prepared to undertake (or continue) graduate work?
 Yes No Uncertain
 Explain: _____

4. Based on the students you have known in the same field and with the same experience and training, how do you rate the applicant?
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technical/computer skills	1	2	3	4	5	6	7	8	9		

6. Please use this space to discuss the applicant's strengths and weaknesses, creative promise, leadership ability, maturity, character and intellectual capacity. **Please attach additional pages if necessary.**

Name (please print or type) _____ Title _____
 Institution/Organization/Business _____
 Address _____ Phone number _____
 Email: _____
 Signature _____ Date _____

Please sign this form, seal it in an envelope, sign your name over the flap, and return to the applicant to be included in the application packet. If you prefer, your recommendation can also be sent directly to the DSU Office of Graduate Studies and Research, 309 Heston Hall, 820 N Washington Ave, Madison, SD 57042.

If you have any questions, please contact the Office of Graduate Studies and Research at (605) 256- 5799 or email us at gradoffice@dsu.edu.



APPLICATION FOR ASSISTANTSHIP

(Not required if you are not applying for one.)

NAME: _____
Last Name First Name Middle Name Suffix (Jr., Sr., III, etc.)

Social Security Number _____ - _____ - _____
(Optional – may be used to help with identification)

CURRENT ADDRESS (Present mailing address)

Number and Street City State Zip code Country

Local Telephone Number (_____) _____ Work/school Telephone Number (_____) _____

Electronic mail address (e-mail) _____

Current address, phone, and email valid until? _____

CITIZENSHIP AND RESIDENCY

Are you a citizen of the United States? Yes No If yes, are you a resident of South Dakota? Yes No

Are you a resident of MN? Yes No

If you are not a U.S. citizen;

- What is your country of citizenship? _____
- What is your country of birth? _____
- Are you a permanent resident? Yes No **Please attach a copy, front and back, of your green card form I-555**

If you are not a U.S. citizen or permanent resident, what is your visa status? _____

(If H1B, attach a copy of your visa, passport, and letter of approval from employer.)

What is your native language? _____ How many years have you spoken or studied English? _____

ACADEMIC HISTORY

Baccalaureate degree:

Institution Location Dates attended Degree Earned Date Earned

Undergraduate Major _____ Undergraduate Minor _____ GPA or equivalent (class, division) _____

Master's degree:

Institution Location Dates attended Degree Earned Date Earned

Official transcripts for all institutions from which you have earned degrees or expect to earn a degree should be sent directly to the Office of Graduate Studies and Research or enclosed in a sealed and signed envelope and submitted with this application.

Please list in reverse chronological order all institutions of higher education you have attended or are currently attending. You may attach additional pages if necessary.

Name of Institution	Location or Branch	Dates Attended From To	Degree, Certificates, credits earned	Date Earned or Expected	Major Field

REQUIRED STANDARDIZED TESTS: TOEFL is required for all international students whose native language is not English. All test scores must be current.

GRE (no more than 5 years old)

Date Taken: _____ OR Expected Test Date and Site: _____
General Test Score: Verbal: _____ Quantitative: _____ Cumulative (V+Q) _____ Analytic Writing _____

TOEFL (no more than 2 years old)
(For international/ESL students)

Date Taken: _____ TOEFL Score: _____ OR Expected Test Date and Site: _____

ACADEMIC HONORS:

In the space below, briefly describe any academic honors (prizes, scholastic recognition, scholarships/fellowships, membership in honorary societies), published works, and leadership activities you consider significant to your graduate study. Continue on separate sheet if necessary.

REFERENCES

Please list the three persons who are familiar with your educational or professional work and who have agreed to serve as references (please forward a recommendation to each of these references. These individuals should be able to evaluate your probable success as a graduate student. Completed forms should be sent directly to the Office of Graduate Studies and Research or enclosed in a sealed and signed envelope.

NAME	ADDRESS	POSITION

Are you currently employed in the United States? Yes No

Name of employer? _____ Number of hours per week? _____

PLEASE ATTACH A RESUME.

CERTIFICATION AND SIGNATURE

I certify that the information on this form is complete, true and accurate. I understand that any misrepresentation or omission of facts in my application will justify denial or cancellation of admission to the university, before or after enrollment. I understand that the application and all credentials submitted in support of the application become the property of the University and will not be returned or forwarded to another institution. I also understand the information in the application will be shared with all members of the assistantship committee.

Signature _____

Date _____



REQUIRED IMMUNIZATION FORM

(Not required for on-line/distance students.)

IMMUNIZATION REQUIREMENTS FOR REGISTRATION

Due to regulations mandated by the Board of Regents, all students, who reside on campus or receive instruction on campus, must document their immune status for measles, mumps, and rubella. "Proof of **two doses of measles, mumps, and rubella vaccine**, or of separate vaccinations against all three diseases, or of the presence of immune antibody titers against measles, mumps, and rubella shall be required." Students who fail to provide the required, signed proof of immunizations shall not be permitted to register for or to attend classes at any state institution until they are in compliance. Students born before January 1957 are exempt from providing immunization documentation.

Name _____ Birth Date ____/____/____
Last First Middle Mo. Date Year

Soc. Sec. # ____/____/____ Phone (____) _____ Cell (____) _____

Address _____
Address City State Zip Code

REQUIRED IMMUNIZATIONS – Must be filled out and signed (below) by a Health Care Provider.

Date of 1st Measles, Mumps, Rubella Immunization
(Must be given after age 12 months)

Date of 2nd Measles, Mumps, Rubella Immunization
(Must be given at least 30 days after 1st MMR)

1st MMR ____/____/____ AND 2nd MMR ____/____/____

OR Separate Immunizations:

#1 Rubella ____/____/____ AND #2 Rubella ____/____/____
#1 Rubeola ____/____/____ AND #2 Rubeola ____/____/____
#1 Mumps ____/____/____ AND #2 Mumps ____/____/____

OR Titers:

Rubella Titer Date ____/____/____ POSITIVE Result _____ Attach copy of Lab result
Rubeola Titer Date ____/____/____ POSITIVE Result _____ Attach copy of Lab result
Mumps Titer Date ____/____/____ POSITIVE Result _____ Attach copy of Lab result

Signature _____ Date _____
(Must be signed by a Nurse, P.A., or a Physician)

Address _____
Address City State Zip Code

MEDICAL EXEMPTION TO IMMUNIZATION REQUIREMENT

I certify that it would be harmful to this student's physical health to be immunized against measles, mumps, and rubella.

Reason for Exemption: _____

Check one: _____ Permanent Exemption
_____ Temporary Exemption – Date to be released: _____
Month Day Year

Physician's Signature _____ Date: _____
(Must be signed by a Physician)

RECOMMENDED IMMUNIZATIONS (Not required for registration)

Name: _____
Last First Middle

Tetanus-Diphtheria (Td) booster _____/_____/_____ or Tdap _____/_____/_____

Hepatitis B #1 _____/_____/_____ #2 _____/_____/_____ #3 _____/_____/_____

Meningitis _____/_____/_____

Varicella (Chicken Pox) Vaccine #1 _____/_____/_____ #2 _____/_____/_____

OR

Chicken Pox Disease (date) _____/_____/_____

Tuberculosis – PPD (Mantoux) within the last year _____/_____/_____ Results: _____