Enrollment Guide
Fall 2016 and Spring 2017

The Standard of Excellence for:
Superior Academics, Character Building,
Outstanding Research, and Preparing Leaders.

Your Blueprint for Success
Dear Future Hamptonian,

Congratulations on your acceptance to Hampton University. The education you will receive at this university will prepare you for life, and especially for the challenges of the twenty-first century.

The information in this booklet has been prepared to assist you with the enrollment process as you transition to college. We encourage you to read this guidebook in its entirety, and adhere to the submission of required documents and deadlines. The required forms are the Admission Reply Form, the Advance Deposit Envelope (with fee), the Medical Record Form, and the Housing Application. To reserve your space in the class, please complete, and submit all of the required forms to their respective office by May 1, 2016. Keep in mind that you can get a jump start on orientation activities by paying your advance deposit by March 1, 2016. (See Page 2.)

Please note that this University reserves the right to rescind the admission of any student whose Medical Records Form indicates that he/she may pose a threat to him or herself, or the community at large.

Students admitted provisionally are required to submit the Pre-College/Summer Bridge Enrollment Form and the $500 non-refundable summer school deposit by May 1, 2016.

It is imperative that you review the pages reserved for the Hampton University Code of Conduct and the Student Dress Code. We believe that joining the Hampton Family is an honor and requires each individual to uphold the policies, regulations, and guidelines established for your community.

Lastly, information is included on the Summer Pre-College program and several University musical organizations. If you are interested in any of these programs, please read the pages dedicated to these interests carefully, and respond accordingly.

Congratulations once again. We look forward to receiving your response(s) and to welcoming you to your “Home by the Sea”.

With warmest regards,

Angela Nixon Boyd
Dean of Admission

Visit our website at www.hamptonu.edu
The Hampton University Priority Services Option

PAY YOUR ADVANCE DEPOSIT BY MARCH 1, 2016

Congratulations once again on your admission to Hampton University! Now that you have been admitted to the University, why wait to handle some orientation tasks? Make your commitment now, by submitting your $600 advance deposit by March 1, 2016 and receive HU PRIORITY SERVICES, which include:

1. Participation in online pre-registration (with our current population in April) for your fall classes.
3. Your housing assignment by April 15, 2016.

This is an opportunity to put yourself ahead of the crowd, and for your convenience, everything will be sent to you in the comfort of your own home!

To ensure your HU PRIORITY SERVICES, simply complete the following three steps.

**Step One**

Complete and submit the Free Application for Financial Aid (FAFSA) by February 15, 2016 so that it will be at this University by March 1, 2016. If you do not file your FAFSA at www.fafsa.gov on or before February 15, 2016, your financial aid letter may not be available by April 15th.

**Step Two**

Pay your advance deposit of $600 to the University Treasurer by March 1, 2016. Remittances should be sent by cashier’s check or money order made payable to: Hampton University, University Treasurer, Hampton, VA 23668. *Request for refunds must be received in writing by May 31, 2016.*

**Step Three**

Complete and submit your application for housing to the Office of Judicial Affairs and Housing by March 1, 2016 to receive your housing assignment by April 15, 2016. *The housing application is included in your Enrollment Guide.*

Special Note:

Information and instructions for the online pre-registration process will be sent to you via postcard by March 31, 2016.
**Code of Conduct**

Joining the Hampton Family is an honor and requires each individual to uphold the policies, regulations, and guidelines established for students, faculty, administration, professional and other employees, and the laws of the Commonwealth of Virginia. Each member is required to adhere to and conform to the instructions and guidance of the leadership of his/respective area. Therefore, the following are expected of each member of the Hampton Family:

1. **TO RESPECT HIMSELF OR HERSELF.**
   
   Each member of the Hampton Family will exhibit a high degree of maturity and self respect and foster an appreciation for other cultures, one’s own cultural background, as well as the cultural matrix from which Hampton University was born. It is only through these appreciations that the future of our University can be sustained indefinitely.

2. **TO RESPECT THE DIGNITY, FEELINGS, WORTH, AND VALUES OF OTHERS.**
   
   Each member of the Hampton Family will respect one another and visitors as if they were guests in one’s home. Therefore, to accost, cajole, or proselytize students, faculty or staff, parents or others, to engage in gender and sexual harassment, use vile, obscene or abusive language or exhibit lewd behavior, to possess weapons such as knives or firearms, or to be involved in the possession, use, distribution of and sale of illegal drugs is strictly prohibited and is in direct violation of the Hampton University Code, on or off campus.

3. **TO RESPECT THE RIGHTS AND PROPERTY OF OTHERS AND TO DISCOURAGE VANDALISM AND THEFT.**
   
   Each member of the Hampton Family will refrain from illegal activity, both on and off campus, and will be subject to all applicable provisions listed in the Faculty Handbook, Personnel Policies Manual for Administrative/Professional and Non-exempt Employees, the Official Student Handbook, and the Hampton University Code.

4. **TO PROHIBIT DISCRIMINATION, WHILE STRIVING TO LEARN FROM DIFFERENCES IN PEOPLE, IDEAS, AND OPINIONS.**
   
   Each member of the Hampton Family will support equal rights and opportunities for all regardless of age, sex, race, religion, disability, ethnic heritage, socio-economic status, political, social, or other affiliation or disaffiliation, or sexual preference.

5. **TO PRACTICE PERSONAL, PROFESSIONAL, AND ACADEMIC INTEGRITY, AND TO DISCOURAGE ALL FORMS OF DISHONESTY, PLAGIARISM, DECEIT, AND DISLOYALTY TO THE CODE OF CONDUCT.**
   
   Personal, professional, and academic integrity is paramount to the survival and potential of the Hampton Family. Therefore, individuals found in violation of Hampton University’s policies against lying, cheating, plagiarism, or stealing are subject to disciplinary action, which could possibly include dismissal from the University.

6. **TO FOSTER A PERSONAL PROFESSIONAL WORK ETHIC WITHIN THE HAMPTON UNIVERSITY FAMILY.**
   
   Each employee and student of the Hampton Family must strive for efficiency and job perfection. Each employee must exhibit a commitment to serve and job tasks must be executed in a humane and civil manner.

7. **TO FOSTER AN OPEN, FAIR, AND CARING ENVIRONMENT.**
   
   Each member of the Hampton Family is assured equal and fair treatment on the adjudication of all matters. In addition, it is understood that intellectual stimulation is nurtured through the sharing of ideas. Therefore, the University will maintain an open and caring environment.

8. **TO BE FULLY RESPONSIBLE FOR UPHOLDING THE HAMPTON UNIVERSITY CODE**
   
   Each member of the Hampton Family will embrace all tenets of the Code and is encouraged to report all code violators.
Student Dress Code

The Dress Code is based on the theory that learning to use socially acceptable manners and selecting attire appropriate to specific occasions and activities are critical factors in the total educational process. Understanding and employing these behaviors not only improves the quality of one’s life, but also contributes to optimum morale, as well as embellishes the overall campus image. They also play a major role in instilling a sense of integrity and an appreciation for values and ethics.

The continuous demonstration of appropriate manners and dress insures that Hampton University students meet the very minimum standards of quality achievement in the social, physical, moral and educational aspects of their lives - essential areas of development necessary for propelling students toward successful careers.

Students will be denied admission to various functions if their manner of dress is inappropriate. On this premise, students at Hampton University are expected to dress neatly at all times. The following are examples of appropriate dress for various occasions:

1. Classroom, Cafeteria, Student Center and University offices - neat, modest, casual or dressy attire.
2. Formal programs in Ogden Hall, the Convocation Center, the Little Theater and the Memorial Chapel - business or dressy attire.
3. Interviews - business attire.
4. Social/Recreational activities, Residence hall lounges (during visitation hours) - modest, casual or dressy attire.
5. Balls, Galas, and Cabarets - formal, semi-formal and dressy respectively.

Examples of inappropriate dress and/or appearance include:

1. Do-rags, stocking caps, skullcaps and bandanas (prohibited at all times on the campus of Hampton University except in the privacy of the student’s living quarters);
2. Head coverings and hoods for men in any building;
3. Baseball caps and hoods for women in any building. This policy item does not apply to headgear considered as a part of religious or cultural dress;
4. Bare feet;
5. Shorts that reveal buttocks;
6. Shorts, all types of jeans at programs dictating professional or formal attire, such as Musical Arts, Fall Convocation, Founder’s Day, and Commencement;
7. Clothing with derogatory, offensive and/or lewd messages either in words or pictures;
8. Men’s undershirts of any color worn outside of the private living quarters of the residence halls;
9. Sports jerseys without a conventional tee-shirt underneath; and
10. Men and Women’s pants that show underwear.

DRESS CODE: PROCEDURES FOR CULTURAL OR RELIGIOUS HEAD COVERINGS

1. Students seeking approval to wear headgear as an expression of religious or cultural dress may make a written request for a review through the Office of the Chaplain.
2. The Chaplain will forward a recommendation to the Vice President for Student Affairs for final approval.
3. Students that are approved will then have their new ID card picture taken by University Police with the headgear being worn.

All administrative, faculty and support staff members will be expected to monitor student behavior applicable to this dress code and report any such disregard or violations to the Offices of the Dean of Men, or Dean of Women for the attention of the Vice President for Student Affairs.
For Students Admitted to the Freshman Class

To accept our offer of admission and reserve your place in the entering class, please complete the following steps:

- **RETURN THE REPLY FORM AND ADVANCE DEPOSIT ENVELOPE**
  Complete and return the enclosed Reply Form and Advance Deposit postmarked no later than May 1, 2016 or within two weeks of receipt of this offer of admission, whichever is later. Send your self mailer reply form to the Office of Admission. Enclose with your completed form a cashier’s check or money order (NO PERSONAL CHECKS) in the amount of $600.00 ($100.00 non-refundable), made payable to Hampton University, in the envelope provided. Please note that all enrolling students, including those who receive financial aid, must pay this $600.00, if you are planning to live on campus. The deposit for those planning to live off campus is $525.00 ($100.00 non-refundable). All requests for deposit refunds must be received in writing by May 31, 2016 regardless of your date of admission.

* If you plan to apply for Financial Aid, you should complete your FAFSA (Free Application For Student Assistance) form after Jan. 1, 2016. Please allow 30 days after submission of your FAFSA to the U.S. Department of Education, before inquiring on the status of your Financial Aid award. You should contact your assigned Financial Aid Advisor to ensure prompt processing.

- **HOUSING FOR FRESHMAN STUDENTS**
  Freshman students are required to live on campus. While we will strive to place you in the residence hall of your choice, freshman students are selected for housing in the order in which we receive their Reply Forms and Advance Deposit. Deposits and housing applications are due by May 1, 2016. All requests for refunds must be received in writing by May 31, 2016 regardless of your date of admission.

- **MEDICAL FORMS**
  All entering students are required to submit a completed medical form in its entirety before enrolling at the University. It is mandatory that you provide proof of immunization for the specific diseases listed on the immunization section of the form. Please complete Parts One and Two, including appropriate signatures as requested. The physician or designated healthcare provider must complete the remaining parts of the form including their signature. Please mail this to Director of the Health Center; 55 East Tyler Street, Hampton, VA 23668 no later than May 1, 2016. Please note that the medical record form completed in its entirety is mandatory for enrollment. If this form is not on file you will be denied enrollment. All health care students, workers, and those at high risk for exposure to tuberculosis are required to receive an annual PPD. The immunization requirements are based upon the recommendations and guidelines from the American College Health Association and the Centers for Disease Control.

- **SUBMIT YOUR FINAL HIGH SCHOOL TRANSCRIPT**
  Please submit your final high school transcript to the Office of Admission by July 1, 2016. If this document is not sent to us promptly, you may not be able to register for classes or complete final enrollment at the University. Students who have taken Advanced Placement (AP), International Baccalaureate (IB) and college credit courses, must submit official transcripts and/or exam scores to the Office of the Registrar. Please bring your student copy during fall registration as well.

- **KEEP YOUR GRADES HIGH**
  Our offer of admission is contingent upon graduating on schedule with your class and completing your current courses with distinguished grades. The University reserves the right to rescind the offer of admission if you fail to maintain your current high level of academic performance.

- **NOTIFY US IF YOUR CONTACT INFORMATION CHANGES**
  The University will send you several important mailings over the course of the year, and it is critical that you notify us if your contact information changes. Whether you inform us by traditional mail, fax, or e-mail, be sure to include your full legal name, your student ID number, your date of birth, your new telephone number, and/or the date on which your new address will become effective.
FOR STUDENTS WITH LEARNING DIFFERENCES

Hampton University welcomes a widely diverse population of students, including students with varying learning differences. In order to provide accessible educational environments and to meet the specific needs of students with disabilities, we invite students to declare their disabilities to the Director of Testing Services when they accept the University’s offer of admission. This declaration is strictly confidential; the information is shared only with those University units that need to know in order to provide reasonable accommodations. If you have any learning differences or disabilities please notify the Office of Testing Services by phone (757) 727-5493.

ACADEMIC MAJORS

Your admission to the University does not constitute automatic admission into the following majors: Pharmacy, Journalism, Nursing, the 5 Year MBA program, and Teacher Education. These programs have separate entrance requirements. You may contact the academic programs directly for specific information on the acceptance requirements for these programs.

For Students Admitted Provisionally

If your letter of acceptance indicates your category of admission is provisional, this means your academic record indicates a slight deficiency with respect to our standards for admission. Students admitted provisionally are required to attend our Summer Bridge Program (Please refer to page 16 for the application form).

The Hampton University Summer Bridge program is a five week residential program designed to complete your qualifications to matriculate at Hampton University. This experience will expose you to the university’s resources and facilities. You will have the opportunity to make improvements in skills that will help to ensure your success during the critical transition phase from high school to college in the Fall Semester. You will obtain a head start on the battery of classes to be taken in the fall semester. To qualify for fall admission to Hampton University, you must take at least six hours: English (3) and Math (3). If remediation is required, this is acceptable; however, no college credits will be given for the class. Regardless of the level of the courses that you are taking, you must earn a minimum 2.5 grade point average. Please submit the Pre-College/Summer Bridge program enrollment form by May 1, 2016. Financial Aid is not available for students enrolled in either of these programs.

RETURN THE REPLY FORM AND ADVANCE DEPOSIT ENVELOPE

Complete and return the enclosed Reply Form and Advance Deposit postmarked no later than May 1, 2016 or within two weeks of receipt of this offer of admission, whichever is later. Send your self mailer reply form to the Office of Admission. Enclose your cashier’s check or money order (NO PERSONAL CHECKS) in the amount of $600.00 ($100.00 non-refundable), made payable to Hampton University, in the envelope provided. Please note that all enrolling students, including those who receive financial aid, must pay this $600.00, if you are planning to live on campus. The deposit for those planning to live off campus is $525.00 ($100 non-refundable). If your academic performance is non-satisfactory in the Summer Bridge program, you may receive a $500 refund on your deposit. All requests for refunds must be received in writing by May 31, 2016 regardless of your date of admission.

If you plan to apply for Financial Aid, you should complete your FAFSA (Free Application For Student Assistance) form after Jan. 1, 2016. Please allow 30 days after submission of your FAFSA to the U.S. Department of Education, before inquiring on the status of your Financial Aid award. You should contact your assigned Financial Aid Advisor to ensure prompt processing.

HOUSING FOR FRESHMAN STUDENTS

Freshman students are required to live on campus. While we will strive to place you in the residence hall of your choice, freshman students are selected for housing in the order in which we receive their Reply Forms and Advance Deposit. Housing Applications and deposits are due May 1, 2016. All requests for refunds must be received in writing by May 31, 2016 regardless of your date of admission.
MEDICAL FORMS
All entering students are required to submit a completed medical form in its entirety before enrolling at the University. It is mandatory that you provide proof of immunization for the specific diseases listed on the immunization section of the form. Please complete Parts One and Two, including appropriate signatures as requested. The physician or designated healthcare provider must complete the remaining parts of the form including their signature. Please mail this to Director of the Health Center; 55 East Tyler Street, Hampton, VA 23668 no later than May 1, 2016. Please note that the medical record form completed in its entirety is mandatory for enrollment. If this form is not on file you will be denied enrollment. All health care students, workers, and those at high risk for exposure to tuberculosis are required to receive an annual PPD. The immunization requirements are based upon the recommendations and guidelines from the American College Health Association and the Centers for Disease Control.

SUBMIT YOUR FINAL HIGH SCHOOL TRANSCRIPT
Please submit your final high school transcript to the Office of Admission by July 1, 2016. If this document is not sent to us promptly, you may not be able to register for classes or complete final enrollment at the University.

IF YOU RETAKE THE SCHOLASTIC APTITUDE TEST
If you retake the SAT or ACT and would like the highest of your scores to be reconsidered for unconditional acceptance, please e-mail or write the Office of Admission no later than May 31, 2016.

NOTIFY US IF YOUR CONTACT INFORMATION CHANGES
Because the University will send you several important mailings over the course of the summer, it is crucial that you notify us if your contact information changes. Whether you inform us by traditional mail, fax, or e-mail, be sure to include your full legal name, your student I.D. number, your date of birth, your new telephone number, and/or the date on which your new address will become effective.

PLAN YOUR ARRIVAL
Submit the Pre-College/Summer Bridge Program enrollment form by May 1, 2016. Please plan to arrive on Friday, June 19, 2016 for registration.

FOR STUDENTS WITH LEARNING DIFFERENCES
Hampton University welcomes a widely diverse population of students, including students with varying learning differences. In order to provide accessible educational environments and to meet the specific needs of students with disabilities, we invite students to declare their disabilities to the Director of Testing Services when they accept the University’s offer of admission. This declaration is strictly confidential; the information is shared only with those University units that need to know in order to provide reasonable accommodations. If you have any learning differences or disabilities please notify the Office of Testing Services by phone (757) 727-5493.

For Transfer Admitted Students
To accept our offer of admission and reserve your place in the entering class, please complete the following steps:

RETURN THE REPLY FORM AND ADVANCE DEPOSIT ENVELOPE
Complete and return the enclosed Reply Form and Advance Deposit postmarked no later than May 1, 2016 or within two weeks of receipt of this offer of admission, whichever is later. Send your self mailer reply form to the Office of Admission. Enclose with your completed form a cashier’s check or money order (NO PERSONAL CHECKS) in the amount of $600.00 ($100.00 non-refundable), made payable to Hampton University, in the envelope provided. Please note that all enrolling students, including those who receive financial aid, must pay this $600.00, if you are planning to live on campus. The deposit for
those planning to live off campus is $525.00 ($100.00 non-refundable). All requests for refunds must be received in writing by May 31, 2016 regardless of your date of admission.

* If you plan to apply for Financial Aid, you should complete your FAFSA (Free Application For Student Assistance) form after January 1, 2016. Please allow 30 days after submission of your FAFSA to the U.S. Department of Education, before inquiring on the status of your Financial Aid award. You should contact your assigned Financial Aid Advisor to ensure prompt processing.

**SUBMIT YOUR FINAL TRANSCRIPT**
Please submit your final transcript as soon as your academic year has ended. If this report is not sent to us promptly, you may not be able to register for classes, complete final enrollment, or receive an accurate review of your credits at the University.

**TRANSCRIPT EVALUATIONS**
Upon acceptance to the University your transcript will be evaluated by the Transfer Admission counselor and you will receive a copy via e-mail to assist you with the registration process. You will be notified from the academic department or the Admission Office which classes will be accepted.

**MEDICAL FORMS**
All entering students are required to submit a completed medical form in its entirety before enrolling at the University. It is mandatory that you provide proof of immunization for the specific diseases listed on the immunization section of the form. Please complete Parts One and Two, including appropriate signatures as requested. The physician or designated healthcare provider must complete the remaining parts of the form including their signature. Please mail this to Director of the Health Center: 55 East Tyler Street, Hampton, VA 23668 no later than May 1, 2016. Please note that the medical record form completed in its entirety is mandatory for enrollment. If this form is not on file you will be denied enrollment. All health care students, workers, and those at high risk for exposure to tuberculosis are required to receive an annual PPD. The immunization requirements are based upon the recommendations and guidelines from the American College Health Association and the Centers for Disease Control.

**FOR STUDENTS WITH LEARNING DIFFERENCES**
Hampton University welcomes a widely diverse population of students, including students with varying learning differences. In order to provide accessible educational environments and to meet the specific needs of students with disabilities, we invite students to declare their disabilities to the Director of Testing Services when they accept the University's offer of admission. This declaration is strictly confidential; the information is shared only with those University units that need to know in order to provide reasonable accommodations. If you have any learning differences or disabilities please notify the Office of Testing Services by phone (757) 727-5493.

**CONTACT THE ASSESSMENT CENTER**
Once you have accepted admission to the University contact the Assessment Center (757) 727-5913 for further instructions regarding transfer credit policies and advising if your major is undecided. Contact your major department for further instructions if you have declared a major.

**ACADEMIC MAJORS**
Your admission to the University does not constitute automatic admission into the following majors: Pharmacy, Journalism, Nursing, the 5 Year MBA program, and Teacher Education. These programs have separate entrance requirements. You may contact the academic programs directly for specific information on the acceptance requirements for these programs.

**NOTIFY US IF YOUR CONTACT INFORMATION CHANGES**
The University will send you several important mailings over the course of the year, and it is critical that you notify us if your contact information changes. Whether you inform us by traditional mail, fax, or e-mail, be sure to include your full legal name, your student ID number, your date of birth, your new telephone number, and/or the date on which your new address will become effective.
For International Admitted Students

RETURN THE REPLY FORM AND ADVANCE DEPOSIT ENVELOPE

Complete and return the enclosed Reply Form and Advance Deposit postmarked no later than May 1, 2016 or within two weeks of receipt of this offer of admission, whichever is later. Send your self mailer reply form to the Office of Admission. Enclose with your completed form a cashier’s check or money order (NO PERSONAL CHECKS) in the amount of $600.00 ($100.00 non-refundable), made payable to Hampton University, in the envelope provided. Please note that all enrolling students, including those who receive financial aid, must pay this $600.00 if you are planning to live on campus. The deposit for those planning to live off campus is $525.00 ($100.00 non-refundable). All requests for refunds must be received in writing by May 31, 2016 regardless of your date of admission.

Federal Aid is generally not available. Students must make arrangements in advance to ensure financial clearances. To accept our offer of admission and reserve your place in the entering class, please complete the following steps.

MEDICAL FORMS

All international students are required to submit a completed medical form in its entirety before enrolling at the University. It is mandatory that you provide proof of immunization for the specific diseases listed on the immunization section of the form. An annual PPD is required for all international students if you return to your country of origin for an extended period of more than two weeks. Please complete Parts One and Two, including appropriate signatures as requested. The physician or designated healthcare provider must complete the remaining parts of the form including their signature. Please mail this to Director of the Health Center; 55 East Tyler Street, Hampton, VA. 23668 no later than May 1, 2016. Please note that the medical record form completed in its entirety is mandatory for enrollment. If this form is not on file you will be denied enrollment. The immunization requirements are based upon the recommendations and guidelines from the American College Health Association and the Centers for Disease Control.

CONTACT THE OFFICE OF INTERNATIONAL PROGRAMS

Once you have accepted admission to the University contact the Office of International Programs at (757) 728-6914 for any further information. For Student Athletes: No I-20 will be provided until accepted by the University and cleared for eligibility by NCAA.

Please review Pages 5-8 and adhere to areas applicable to your circumstances.

For Students Re-Admitted

Information pertaining to your registration process will be provided by the Registrar’s Office. You may also visit the University’s website for specific information on registration dates and times. If you have been separated from the University for more than one term, please contact the Student Health Center to determine if your medical records must be updated.

ACADEMIC MAJORS

Your re-admission does not constitute automatic admission into your previous major.

Visit our website at www.hamptonu.edu
Business Office Information

Estimated Cost
The cost for attending the University for the 2016-2017 academic-year was:

- Tuition (10-17 hours) 21,552.00
- Comprehensive Fee 2,440.00
- Room Charge 5,556.00
- Board Charge 5,128.00
- Technology Fee 250.00

**TOTAL ESTIMATED COST FOR 2016-17 SCHOOL YEAR IS $34,676.00**

Payments for the fall semester are due no later than August 1, 2016. The Business Office will send a bill to your permanent address this summer. *Please indicate on the Advance Deposit Envelope if you are interested in the deferred payment plan.*

If you have any questions concerning, charges on your bill, pirate power card, deferred payment plan, student insurance and refunds, please contact Student Accounts at 1-800-624-3327 or (757) 727-5661.

Please note new undergraduate students will be automatically enrolled in the University sponsored Student Health Insurance Plan and the annual premium will be billed to the student account, unless proof of adequate health insurance coverage is submitted. Students who already have health insurance for the entire academic year and meet the above requirements must submit a waiver by September 3, 2016 and the waiver request must be approved to avoid being enrolled in the Student Insurance Plan. It is the responsibility of the student to verify whether or not the charge has been billed to your student account.

All new students and parents are encouraged to visit our Business Office website at www.hamptonu.edu/businessoffice/ for a comprehensive explanation of fees.

*Visit our website at www.hamptonu.edu*
“Education for Life”

Financial Aid Information

Welcome to Hampton University! Every student who meets some basic eligibility requirements can get some type of financial aid regardless of age and family income.

We strongly encourage every student and parent (if applicable) to read each adjoining link on our Financial Aid web page to help you understand the process at Hampton University. Please use the Contact Us Link on the financial aid office website, should you have any questions.

- **BASIC REQUIRED FORM(S):**
  In order to be considered for need-based financial assistance, students must complete and submit the Free Application for Federal Student Aid (FAFSA). The FAFSA must be filed annually.  
  The FAFSA website is www.fafsa.ed.gov. Student must have a Personal Identification Number (PIN), including the parents of dependent students prior to submission of the FAFSA.

- **IMPORTANT FILING DATES:**
  A FAFSA can be filed for an academic year any time between January 1st of the current year and June 30th of the following year.

- **VTAG:**
  If you are a domiciled Virginia Resident, you may be eligible for the Virginia Tuition Assistance Grant (VTAG). Active-duty military members do not have to satisfy the one-year requirement for the existence of the factors showing domiciliary intent, nor do dependent children claiming Virginia domicile through them. You may obtain the VTAG application from our financial aid website using the following link: www.hamptonu.edu/studentservices/financialaid/fa_forms.cfm.

  *You must complete and submit a VTAG application to the Financial Aid Office on or before June 30th. You may obtain an application online at, www.explorevirginiacolleges.com/students/forms/tagapp.pdf. However, you must mail your application to our office.

- **OUTSIDE SCHOLARSHIPS:**
  You must report all notices of scholarships from outside agencies to the Financial Aid Office. The sum total of your financial aid (e.g. internally and externally) cannot exceed your cost of attendance. For additional information about disclosure, please visit the following link: www.hamptonu.edu/studentservices/financialaid/index.cfm.

- **FINANCIAL AID PROCESS:**
  A FSA ID is needed to complete (sign) the FAFSA. Students, parents, and borrowers are required to use an FSA ID made up of a username and password, to access certain U.S. Department of Education websites. The FSA ID allows students and parents to identify themselves electronically to access Federal Student Aid Web sites; it allows users to electronically access personal information on Federal Student Aid Web sites as well as electronically sign a FAFSA. If you are a parent of a dependent student, you will need your own FSA ID if you want to sign your child’s FAFSA electronically. If you have more than one child attending college, you can use the same FSA ID to sign all applications. All students, as well as Parents of Dependent Students, must have a FSA User ID prior to submission of the FAFSA which can be obtained at: https://fsaid.ed.gov/npas/index.htm

  **Step 1.** Apply for your PIN (both parent and student must apply separately for their own PIN number). The website is www.pin.ed.gov.

  **Step 2.** Complete and submit the Free Application for Federal Student Aid (FAFSA). The website is www.fafsa.ed.gov (You should file no later than February 1.) Please confirm with the US Department of Education that they have received your FAFSA and there are no processing errors. If so, you must correct and resubmit.

  **Step 3.** Helpful reminder: Please make sure that your correct Social Security number, legal name and date of birth are identical to that reported on the FAFSA. This will prevent a delay in the processing of your financial aid package at Hampton University. Please review the “Student Aid Report” “SAR” provided by FAFSA, to ensure accuracy and timely processing of your request for financial assistance by the Financial Aid Office.

*Visit our website at www.hamptonu.edu*
Step 4. Please access your Hampton University HUNet Account on-line. This is where the Financial Aid Office will report any outstanding requirements which will require immediate action on your behalf. Should you have questions, please use our Contact Us link on the Financial Aid Office website: www.hamptonu.edu/studentservices/financialaid/contact/.

Step 5. If selected by the Department of Education (please review the SAR for details) for a process called verification, the parent(s) and the student must submit specific documents (also review the financial aid tracking requirement email-generated by the financial aid office). Please submit documents via mail service (no faxes please) on or before April 5th.

STEP 6. If eligible for financial aid, the Financial Aid office will send you (student) generated emails (with instructions) to both your personal email address, if listed on file with the Office of Registrar, to include your “Myhamptonu.edu” email address, on how to access your financial aid award on-line. Incoming Freshman students whose completed FAFSA results (e.g. no outstanding requirements, pending receipt of requested information from the financial aid office) are received from the Department of Education at Hampton University, on or before February 15 will receive award notices (online) no later than March 20.

The Financial Aid Office encourages you to ask for advice and assistance as you make plans.

For more detailed information on the financial aid deadlines and requirements, please visit our website at www.hamptonu.edu/studentservices/financialaid/index.cfm. We strongly encourage that you read all available links on our website.

Federal campus-based funds are limited to those financially needy students, as determined by FAFSA. These funds are awarded on a first-come first-served basis (February 15th Priority Filing Date). However, beyond the Federal Pell Grant (to those otherwise eligible), we cannot guarantee funding from these programs each successive year.

Remember, your family contribution (as noted on the FAFSA form) in combination with financial assistance received from federal, state (if applicable), university, or outside entity, etc., is essential to your child’s successful matriculation at Hampton University.

Finally, please understand that there are limitations on the availability of funds with respect to the federal, state and institutional programs with which we participate. As such, you must be prepared to provide some assistance to help cover your child’s educational expenses.

Best Wishes,

Martin Miles
Director of Financial Aid & Scholarships

Visit our website at www.hamptonu.edu
Hampton University Pre-College Summer Program 2016
Fact Sheet

About the Program

Hampton University is genuinely concerned with the difficulty many students have transitioning from high school to college. In 1953, Hampton University made a commitment to remedy this situation by initiating an educational program known as the Pre-College Summer Session for High School Graduates. This sincere commitment is still alive and well at Hampton University and is now known as the Hampton University Pre-College Program.

The Hampton University Pre-College Program is a five-week residential program beginning June 17-July 22, 2016. This program is designed to ease the transition from high school to college by exposing students to the full range of university resources and facilities. Our goal is to improve skills necessary for college success while giving students a head start on the battery of classes to be taken during the Fall semester. Our program includes a comprehensive summer orientation, assistance with registration for the Fall semester, course credits toward graduation, and remediation courses in reading, writing and math as needed.

The Four Components of Pre-College

<table>
<thead>
<tr>
<th>Pre-College</th>
<th>Summer Bridge</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Pre-College program is for students who are admitted and plan to enroll at Hampton University in the fall. These students may take up to three (3) courses.</td>
<td>This program is for students who are conditionally admitted to Hampton University pending successful completion of this program. These students are required to take two (2) courses, English and math, and earn a 2.5 GPA by the end of the program.</td>
</tr>
<tr>
<td>Summer Only</td>
<td>Rising Senior</td>
</tr>
<tr>
<td>The summer only program is for students who have not applied to Hampton University and plan to attend another college in the fall. This student may enroll in two courses: history, oral communications, or a social science only.</td>
<td>Students entering their senior year of high school in the fall may enroll in a maximum of two (2) courses; history, oral communications, or a social science.</td>
</tr>
</tbody>
</table>
Medical and Financial Obligations

All students must submit a current physical examination and immunization record prior to arrival. Students under the age of eighteen must have a parental permit on file to be treated by a physician Monday, May 2, 2016.

Students with disabilities or learning differences are encouraged to disclose and forward all supporting documentation to the Section 504 Coordinator. Please send all information to the Section 504 Coordinator, Hampton University, Wigwam Building, Room 212, Hampton, Virginia 23668. For additional information please call (757) 727-5493.

The cost of this enriching experience is $2,260.00** (includes tuition, room and board.) Books are approximately an additional $300.00**. A $500.00 non-refundable deposit must be paid on or before May 2, 2016.

Payment may be made in the form of cash, cashier’s check, certified check, money order, American Express, Master Card, Visa and Discover. Payment should contain the cardholder’s name, student’s name, and the student’s HU identification number.

**Cost is subject to change. Personal checks are not accepted.**

Program Dates and Deadlines

April 1, 2016: Application period for RISING SENIORS is CLOSED. These students are accepted on a rolling basis and will be notified as such.

May 2, 2016: Application period is CLOSED for all other students (Pre-College, Summer Bridge, Summer Only)

May 2, 2016: All medical forms must be submitted to the Health Center

May 2, 2016: The $500 advance deposit must be paid at this time to secure your spot in the program.

May 27, 2016: The remaining balance must be sent to the Business Office

June 17, 2016: Move-In Day and Orientation for Pre-College Participants

July 23, 2016: All students must be moved out of the dormitories by 12:00 p.m.

Staff and Contact Information

Mr. Derrick R. Boone
Dean of Students
Director, Freshman Studies

Ms. Kendra Williams
Pre-College, Secretary

Mailing Address:
The Pre-College Program
P.O. 6191
Hampton, VA 23668

Office: 757-727-5511
Fax: 757-637-2311
Email: precollgeprograms@hamptonu.edu
Web Address: www.hamptonu.edu/summer/precollege/index.htm
PRE-COLLEGE/SUMMER BRIDGE
ENROLLMENT FORM

DEADLINE: MAY 2, 2016

HMID# (ADMITTED STUDENTS ONLY)

LAST NAME
FIRST NAME
MI

STREET ADDRESS
CITY
STATE
ZIP CODE

HOME TELEPHONE NUMBER

CELLULAR PHONE NUMBER

EMAIL ADDRESS

BIRTH DATE

GENDER

PARENT/GUARDIAN NAMES

WORK TELEPHONE NUMBER

CELLULAR TELEPHONE NUMBER

PARENT EMAIL ADDRESS

HS GPA

SAT SCORE(S)

MATH/VERBAL

ACT SCORE(S)

ENGLISH/MATH

DATE OF HIGH SCHOOL GRADUATION

MONTH/YEAR

INTENDED COLLEGE MAJOR

Students with disabilities or learning differences are encouraged to disclose and forward all supporting documentation to the Director of Compliance and Disability Services in the Office of Testing Services. Please send all information to Hampton University, Wigwam Building, Room 212, Hampton, Virginia 23688. For additional information please call (804) 727-5493.

HAVE YOU TAKEN:
Honors Course(s):____Yes____No
Advanced Placement (AP) Exam(s):____Yes____No. If yes, list ________________________________
International Baccalaureate (IB) Exam(s):____Yes____No. If yes, list ________________________________

COLLEGE CREDIT COURSE(S):____Yes____No. If yes, please submit college transcript with application.

___ Pre-College: Students who are admitted and plan to enroll at Hampton University for the Fall of 2016. This student may enroll in three courses. Must submit: Enrollment Form, $500.00 Non-Refundable Deposit, and a complete Medical Form.

___ Summer Only: Students who have not applied to Hampton University and plan to attend another college in the Fall of 2016. This student may enroll in two courses: History, Oral Communications, or a Social Science only. Must submit: Enrollment Form, $500.00 Non-Refundable Deposit, Summer Session Application, ACT or SAT test score(s), high school transcript, College University Acceptance Letter and a complete Medical Form.

___ Rising Seniors: Entering senior year of high school for Fall 2016. Students may enroll in a maximum of two (2) courses, namely History, Oral Communications, or a Social Science. Must submit: Enrollment Form, $500.00 Non-Refundable Deposit, Summer Session Application, ACT, SAT or PSAT test score(s), high school transcript, two letters of recommendation, and a complete Medical Form. These students must have a minimum of a 3.6 GPA.

___ Summer Bridge: (By invitation only) Students who are conditionally admitted to Hampton University pending successful completion of *Only students regularly admitted (Pre-College) to the University will be permitted to enroll in one of the following courses in addition to English and Math. Please indicate your first, second and third choice. Enrollment is based strictly upon availability.

___ Speech (Oral Communication) ___Introduction to Sociology ___Introduction to Psychology ___Introduction to Political Science ___World Civilizations II

Return your enrollment form to the address below or visit our website at

Pre-College Office
P.O. Box 5191
Hampton University
Hampton, VA 23688

Call the Pre-College Office (8:00am-8:00pm E.S.T.) 757-727-5511

http://www.hamptonu.edu/summer/precollageindex.htm
HAMPTON UNIVERSITY

Health Center

MEDICAL RECORD

DEADLINE MAY 1 (FALL SEMESTER) AND DECEMBER 1 (SPRING SEMESTER) OF THE CURRENT ENROLLMENT YEAR

CONFIDENTIAL

Last First Middle

School Status:

1. Undergraduate
2. Graduate
3. Division of Continuing Studies

Parental Consent

The law requires that parental permission be obtained for procedures on minors. In order for a minor to be treated by the Health Center, the following consent form should be signed by the parent or legal guardian so that such treatment may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except in an extreme emergency, without the parents being contacted and fully informed.

I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter.

Signed ____________________________________________________

Relationship __________________________

Cross out one

Do not hospitalize sick or accident insurance for my son/daughter

Insurance Company or Agent __________________________________________________________

Name of Policy Holder ________________________________________________________________

Company Address ____________________________________________________________________

ID/Group Policy Number ________________________________________________________________

* If you do not have adequate insurance for the above named applicant, the university will provide insurance and add the premium to the student's account unless you provide proof of adequate coverage.

Do you have any chronic diseases? If so, please list:  _____________________________________________________________________

Do you take any medications daily? If so, please list:  _____________________________________________________________________

Indicate any of the following complaints you have had with any frequency: Please check off:

- Abdominal Cramps
- Headaches
- Nervousness
- Shortness of Breath
- Back Ache
- Indigestion
- Night Sweats
- Sinus Trouble
- Fainting Spells
- Weight Loss
- Persistent Cough
- Kidney Trouble

I have any specific details that you consider important concerning treatment and recovery in connection with the diseases and complaints checked under this section.

Please describe any prior or current treatment by a mental health provider such as psychiatrist, psychologist or counselor:

____________________________________________________________________________________________________________

Do you have any food or medication allergies? If so, please explain:

____________________________________________________________________________________________________________

IMPORTANT: The University requires each student to take physical education.

Do you have any physical defects, deformities or other conditions which limit your physical activities?

____________________________________________________________________________________________________________

Do you require the use of a wheelchair, crutches or other ambulatory aids?

____________________________________________________________________________________________________________

Certify that the foregoing statements are true to the best of my knowledge. Realize that falsification of the provided information is a violation of the University Code of Conduct and could result in sanctioning by a hearing panel.

Date (MM/DD/YY) __________________________

Signature ____________________________________________

PART II

STAMP
HAMPTON UNIVERSITY
55 E. Tyler Street
HEALTH CENTER
Hampton, VA 23668 • (757) 727-5315
MEDICAL RECORD
DEADLINE MAY 1 (FALL SEMESTER) AND DECEMBER 1 (SPRING SEMESTER) OF THE CURRENT ENROLLMENT YEAR

PART I

1. NAME: ________________________________
   LAST: ________________________________
   FIRST: ________________________________
   MIDDLE: ________________________________
   2. DATE (MM/DD/YY): ________________________________
   3. SEX: ________________________________
   4. CONTACT PHONE NO: ________________________________
   5. HOME ADDRESS: ________________________________
   CITY: ____________________________ STATE: ___________ ZIP: ___________
   6. DATE OF BIRTH (MM/DD/YY): ________________________________
   7. SOCIAL SECURITY NO: ________________________________
   8. HAMPTON UNIVERSITY ID NO: ________________________________
   9. NAME, RELATIONSHIP AND ADDRESS OF EMERGENCY CONTACT: ________________________________
   10. TELEPHONE NO. OF EMERGENCY CONTACT: ________________________________
   11. FAMILY PHYSICIAN – NAME AND ADDRESS: ________________________________

PART II

School Status: ☐ Undergraduate ☐ Graduate ☐ Division of Continuing Studies ☐ College of Va. Beach ☐ Re-Admit

PARENTAL PERMIT

The law requires that parental permission be obtained for procedures on minors. In order for a minor to be treated by the Health Center, the following consent form should be signed by the parent or legal guardian so that such treatment may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except in an extreme emergency, without the parents being contacted and fully informed!

I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter (cross out one).

Signed ________________________________

Relationship ________________________________

I do / do not (cross out one) carry hospitalization, sickness and accident insurance for my son / daughter. *

Insurance Company or Agent: ________________________________

Name of Policy Holder: ________________________________

Company Address: ________________________________

ID/Group Policy Number: ________________________________

* If you do not have adequate insurance for the above named applicant, the university will provide insurance and add the premium to the student’s account unless you provide proof of adequate coverage.

Do you have any chronic diseases? If so, please list: ________________________________

Do you take any medications daily? If so, please list: ________________________________

12. Indicate any of the following complaints you have had with any frequency (Please check):

☐ Abdominal Cramps
☐ Headaches
☐ Nervousness
☐ Shortness of Breath
☐ Backache
☐ Indigestion
☐ Night Sweats
☐ Sinus Trouble
☐ Fainting Spells
☐ Weight Loss
☐ Persistent Cough
☐ Skin Trouble

13. Give any special details that you consider important concerning treatment and recovery in connection with the diseases and complaints checked under Question No. 12.

14. Please describe any prior or current treatment by a mental health provider such as psychiatrist, psychologist or counselor:

15. Do you have any food or medication allergies? If so, please explain:

16. IMPORTANT: The University requires each student to take physical education.

Do you have any physical defects, deformities or other conditions which limit your physical activities? If so, please specify:

17. Do you require the use of a wheelchair, crutches, or other ambulatory aids? If so, please specify:

I certify that the foregoing statements are true to the best of my knowledge. I realize that falsification of the provided information is a violation of the University Code of Conduct and could result in sanctioning by a hearing panel.

Date (MM/DD/YY) ________________________________ Signature ________________________________
PHYSICAL EXAMINATION

MUST BE COMPLETED ON UNIVERSITY FORM ONLY

(TO BE COMPLETED BY EXAMINER)

NAME

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>M I</th>
</tr>
</thead>
</table>

PART III – CLINICAL EVALUATION

CHECK EACH ITEM IN APPROPRIATE COLUMN, ENTER NE IF NOT EVALUATED.

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>ABNORMAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTES: DESCRIBE EACH ABNORMALITY. ENTER ITEM NUMBER BEFORE EACH COMMENT.

1. HEAD, FACE, NECK AND SCALP
   -
2. NOSE
   -
3. MOUTH AND THROAT
   -
4. EARS–GENERAL
   -
5. EYES–GENERAL
   -
6. CHEST–GENERAL
   -
7. LUNGS
   -
8. BREASTS
   -
9. CARDIOVASCULAR SYSTEM
   -
10. ABDOMEN (INCLUDE HERNIAS)
    -
11. GENITALIA
    -
12. UPPER EXTREMITIES
    -
13. LOWER EXTREMITIES
    -
14. SPINE
    -
15. SKIN AND LYMPHATICS
    -
16. NEUROLOGIC EXAM
    -

PART IV – LABORATORY

<table>
<thead>
<tr>
<th>A. SPECIFIC GRAVITY</th>
<th>B. ALBUMIN</th>
<th>C. SUGAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. URINALYSIS
18. CHEST X-RAY IF INDICATED

20. OTHER TESTS – High Electrolyte

□ CHECK IF DRAWN

PART V – MEASUREMENTS AND OTHER FINDINGS

<table>
<thead>
<tr>
<th>HEIGHT</th>
<th>WEIGHT</th>
<th>COLOR OF EYES</th>
<th>DISTANT VISION</th>
<th>HEARING (CROSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>RIGHT 20°</td>
<td>RIGHT 15</td>
</tr>
<tr>
<td>CORR. TO 20° TO 10°</td>
<td>CORR. TO 20° TO 10°</td>
<td>CORR. TO 20° TO 10°</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. BLOOD PRESSURE
27. PULSE

<table>
<thead>
<tr>
<th>LEFT 20°</th>
<th>CORR. TO 20° TO 10°</th>
<th>LEFT 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORR. TO 20° TO 10°</td>
<td>CORR. TO 20° TO 10°</td>
<td></td>
</tr>
<tr>
<td>OTHER MEASUREMENTS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART VI – SUMMARY

27. REMARKS AND PERTINENT HISTORY RELATED TO P. E. FINDINGS

28. SUMMARY OF DEFECTS AND DIAGNOSIS (PLACE SUPPORTING ITEM NUMBERS BY DIAGNOSIS)

29. RECOMMENDATIONS – FURTHER SPECIALIST EXAMINATIONS INDICATED (SPECIFY)

30. EXAMINEE (CHECK ONE)
   - IS QUALIFIED FOR PHYSICAL EDUCATION, SWIMMING AND ROTC
   - IS NOT QUALIFIED FOR PHYSICAL EDUCATION, SWIMMING AND ROTC
   - SHOULD WITHDRAW FROM COLLEGE
   - SHOULD BE PLACED IN RESTRICTED PHYSICAL EDUCATION CLASS

TYPED OR PRINTED NAME OF REVIEWING PHYSICIAN (DESIGNATE MD OR DO)

SIGNATURE (EXAMINER) (MD, DO, NP, PA)

DATE (MM/DD/YY)

* if indicated

PHYSICAL EXAMINATION MUST BE COMPLETED ON UNIVERSITY FORM ONLY
IMMUNIZATION RECORD

*Immunity is required prior to registration. Please complete and return this form.

NAME

LAST FIRST M.I.

TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER (Dates must include month and year.)

*A. TETANUS-DIPHTHERIA (Required)
2. ☐ Received tetanus-diphtheria booster (required every 10 years).
3. ☐ Tdap (preferred) to replace single dose of Td for booster immunization with at least five years since last dose of Td.

*B. M.M.R. (Measles, Mumps, Rubella) (Required)
1. ☐ Dose 1 – Immunization date required at exactly 12 months or after and before 5 years.
2. ☐ Dose 2 – Immunized at 5 years or later.

*C. MEASLES (Rubella) – if given instead of MMR. Check appropriate box.
1. ☐ Has report of immune titer. Specify date and send copy of positive results.
2. ☐ Immunized with live measles vaccine at 12 months after birth or later.

*D. RUBELLA – if given instead of MMR. Check appropriate box.
1. ☐ Has report of immune titer. Specify date and send copy of positive results.
2. ☐ Immunized with vaccine at 12 months after birth or later.

*E. MUMPS – if given instead of MMR. Check appropriate box.
1. ☐ Has report of immune titer. Specify date and send copy of positive results.
2. ☐ Immunized with vaccine at 12 months after birth or later.

F. TUBERCULOSIS – Interpretation based on mm of induration. Check appropriate box.
*(Required of International Students Only)
1. ☐ PPD (Mantoux) test within the past year (Tine or monovac not acceptable)
   Give date placed……………………………………Date
   Give date read and results (based on millimeters)………………………………………………………………………………Date
   Result: ☐ Positive ☐ Negative
   mm

2. ☐ Positive PPD – Chest x-ray required.
   Give date of chest x-ray……………………………Date
   Result: ☐ Positive ☐ Negative

3. ☐ Had BCG vaccine – Chest x-ray required if PPD not done……….Date

*G. POLIO (Required)
1. ☐ Completed primary series of polio immunization
   Type of vaccine: ☐ Oral ☐ Inactivated ☐ E-IPV
   Last booster…………………………………………………………Date

*H. MENINGOCOCCAL MENINGITIS (Required)
1. ☐ MENOMUNE - Immunization and updates as per CDC guidelines.
2. ☐ Meningrix - (Conjugate) Immunization and updates as per CDC guidelines.

I. ☐ HEPATITIS B VACCINE SERIES (RECOMMENDED OR WAIVER)
*(Required for Health Care Profession Students)

HEALTH CARE PROVIDER

Name ___________________________________________ Address ____________________________
Signature ______________________________________ Phone (_____) ______________________
Admission Reply Form

REPLY FORM FOR ADMITTED STUDENTS

We ask that you promptly complete and return this form even if you cannot accept our offer of admission. Return this form to Office of Admission using the self-mailer on the reverse side of this form.

☐ FRESHMAN  ☐ PROVISIONAL FRESHMAN  ☐ TRANSFER  ☐ READMIT

___ I will enroll at the University and understand that I must arrive on the designated Report Date.

___ I will attend the Summer Bridge program at Hampton University.

* ___ Defer my admission until __________________________ (Not to exceed 1 year of the offer).

___ I will not attend Hampton University in the fall. Instead I will attend__________________.

☐ I have submitted my advance deposit in the envelope provided for the Business Office.

☐ I will submit my advance deposit by May 1, 2016.

FULL LEGAL NAME (please print) ____________________________________________________

☐ Male  ☐ Female

PERMANENT ADDRESS ____________________________________________________________

_________________________________________________________ Zip Code____________________

HAMPTON UNIVERSITY I.D. NUMBER ____________________________________________

SIGNATURE ________________________________________________________________

FULL NAME OF PARENT OR LEGAL GUARDIAN ____________________________________________

ADDRESS OF PARENT OR LEGAL GUARDIAN (if different from yours)

_________________________________________________________ Zip Code____________________

Parent e-mail address ____________________________________________________________

RELATIONSHIP (please check one)

☐ Parent  ☐ Legal guardian

* If you attend another college or university during your deferment, you must notify the Hampton University Office of Admission and submit transcripts prior to your new term of entry.
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

RESIDENCE LIFE
ON-CAMPUS HOUSING APPLICATION

This application is being submitted for ☐ August ☐ January ☐ Male ☐ Female

Name__________________________________________ Year

Last First Middle

HU Id # __________________________ Age_______ date of Birth__________ Major______________________________

Home Address_________________________________________________________________________________________

# Street City/State Zip Code

E-mail address ___________________________________________________________________________________________

Telephone No. (_______)___________________ Hobbies/Special Interests_________________________________________

List any scholarships accepted:____________________________________________________________________________

Describe any conditions that require special attention:________________________________________________________

Name of person to contact in case of emergency:_____________________________________________________________

Telephone_______________________________Relationship____________________________________________________

Have you ever been a resident student at Hampton University? ☐ Yes ☐ No

If so, when?__________________________________ Building Preference(s) 1st____________________________________

2nd___________________________________

Room type preference: ☐ double ☐ Single* ☐ male ☐ female Name:______________________________________________________

do you have a choice of roommate? ☐ Yes ☐ No Name:______________________________________________________

Please think about your answers carefully and answer as accurately as possible.

1. While Residence Halls are smoke-free environments, due to allergies and strong personal preferences, please
   answer with care.
   a. I am a smoker.          b. I am a non-smoker.          c. I am a non-smoker, but willing to live with a smoker.

2. How would you characterize the sleeping habits you would prefer your roommate to have?
   a. Prefer a “day person” (early to bed, early to rise).          b. Prefer a “night person” (late to bed, late to rise).

3. Unlike your room at home, your residence hall room serves not only as a place to sleep, but as a living room
   and a place to entertain friends. How will your room look?
   a. Everything in its place most of the time.          b. Things will pile up until I get into a cleaning mood.

4. Study locations vary (i.e., library, room). Which reflects your study plans?
   a. I plan to study several hours a day in my room.          b. I do not plan to study much in my room

5. I prefer studying:
   a. With soft music          b. With the television or stereo on at any volume.          c. In a quiet area

   a. I would prefer as much privacy as possible.          b. I would not mind visitors in my room at almost anytime.

Check Current Status:
☐ Readmit ☐ New Freshman ☐ Transfer

Return this application to the Office of Judicial Affairs and Housing using the self-mailer application on the reverse
side of this form. Be sure to check to appropriate office on the envelope.

*A limited number of singles are available and assigned on a first come-first served basis with respect to date of payment
of advance deposit fees. There is an additional per semester fee for single accommodations.

The above information is solicited in an effort to match student personalities as closely as possible. However, there may be circumstances
where the availability of housing makes this impossible.

If disability related accommodations are being requested, please contact the office of the director of Compliance and disability Services 757
727-5493, and or visit their website http://www.hamptonu.edu/compliance/ for more information.

Date________________________ Applicant’s Signature__________________________________________________________

------------------------------------------------------- DO NOT WRITE BELOW THIS LINE
--------------------------------------------------------

Room Assignment________________________ Room No.___________Roommate__________________________________
HAMPTON UNIVERSITY BANDS
TORY SMART, Director of Bands
P.O. BOX 6161
HAMPTON UNIVERSITY 23668
757-728-6876
TORY.SMART@HAMPTONU.EDU

Congratulations on your acceptance to Hampton University for the coming Fall semester. May I take this opportunity to invite you to become a member of the largest organization on campus. If you have had experience in band or would like to gain experience we invite you to complete the application below so that we can forward you the necessary information for membership.

Application
date: ____________________________ 20________

Name _____________________________________________

Last                                                First                                                MI

Age ______________ HU Id # __________________________ e-mail_______________________________________________

Address: ___________________________________________________________________________________________

Number                                                                        Street

City                                                                   State                                                          Zip

Home Phone:_________________________________________ GPA___________________ SAT/ACT___________________

High School_________________________________ Address____________________________________________________

City________________________________State________Zip_______________Band director_________________________

School Phone______________________________________Band director Phone___________________________________

Mother or Guardian_____________________________________________________________________________________

Last                                                 First                                               MI

Father or Guardian_____________________________________________________________________________________

Last                                                 First                                               MI

College Major______________________________________ Major Instrument____________________________________

Second Instrument________________ Part Played: 1st 2nd 3rd

do you own an instrument?  Yes  No

Kind________________________________ Make________________________ Serial Number________________________

Private

Teacher’s Name____________________________________ Band Manager________________

Flag Corps________________________________________ d ancer________________________________________ (Send Picture)

Percussion: Snare  Tenor  Quads/Quints  Bass d rum  Cymbals  Mallets

I list Band and Academic Awards You Have Received:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________  

*******************************************************************************

FOR OFFICE USE ONLY

Audition Results:  Poor  Average  Good  Excellent  Superior

Recommended for:  Band Program  Band Scholarship  Music Scholarship  Applied MUS 103 or 104  Applied MUS 107

Symphonic Winds  Concert Band  Jazz Band I  Jazz Band II  Jazz Combo
HAMPTON UNIVERSITY BAND
To RY SMART, director of Bands
P.O. Box 6161
HAMPToN, VA 23668
Hampton University
Department of Music
Jerry A. Bracey, Director, Orchestra and Jazz Ensemble
P.O. Box 6207, Hampton University, 23668

HU Jazz Ensemble
HU Chamber Orchestra

You are invited to join for college credit, elective or extracurricular activities. You **Do Not** need to be a Music major to join. **Scholarships Available**! Please fill out the contact information form below and return to the Department of Music office in Armstrong Hall room 133 or the Director’s office room 140. For more information please contact Professor, Jerry A. Bracey at (757) 728-6604 or 757-728-6508.

**Application**

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Date: __________ 20________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
</tbody>
</table>

Address:__________________________________________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Campus Address:_____________________________________________________

Phone: ___________________________ Cell: ___________________________ HU ID: ___________________________

Email Address:______________________________________________________ GPA: ________ SAT/ACT: ___________________________

Instrument: ___________________________ College Major: ___________________________ Minor: ___________________________

List Orchestra or Jazz Band academic awards you have received:

________________________________________________________

________________________________________________________
Come Visit Us!

ADMITTED STUDENT DAY
Saturday, February 27, 2016. As a newly admitted student, you will have an opportunity to meet faculty members, tour the residence halls, and have lunch in the cafeteria.

High School Day
We cordially invite all admitted students to attend our annual High School Day program. This year’s event is scheduled for Friday, April 1, 2016. For more information about this program, please contact the Office of Admission, or visit our website in March for High School Day information, and to complete the online registration.

Individual Family Information Sessions and Tours
We cordially invite all admitted students to visit our campus. Individual Family Information Sessions and Daily Tours are conducted Monday-Friday at 9:30 AM and 1:30 PM. Saturday tours are available in the fall and spring of each year. Please check our website for available dates. Each tour begins with a 30-minute information session to include a question and answer period conducted by an Admission Counselor. The information session is immediately followed by a one-hour walking tour of the campus, led by our Student Recruitment Team. Walking tours of the campus generally include passage through our 254+ acres and historical landmarks.

To make a reservation for a weekday information session and tour, complete our online reservation form at www.hamptonu.edu/admissions. We request at least seven business days advance notice when reserving your campus tour.
HAMPTON UNIVERSITY

Please check off the items below as they are completed prior to your arrival for the Fall 2016 / Spring 2017 Semester.

Fall 2016 Check-In Dates are August 19 or 20, 2016. Arrival dates are determined by your assigned Residence Hall.

THE CHECKLIST

- **PIN**: In February, the Office of the Registrar will mail your Personal Identification Number (PIN). This number will allow you to access your financial aid award once it has been processed by the Financial Aid Office. Additionally, you will use this number for the online registration process.

- **COMPLETE**: The FAFSA (Financial Aid) form online at www.fafsa.ed.gov. (Financial Aid Office: 800-624-3341, 757-727-5332). The priority deadline for filing is February 15. If updates are required, complete them and return IMMEDIATELY to the address on the last page of the SAR. There’s still time to award your financial aid package!

- **RETURN** Admission Reply Form to Office of Admission (800-624-3328, 757-727-5328)
  **Due**: May 1, 2016

- **MAIL** $600 deposit to Business Office (800-624-3327, 757-727-5228).
  *No personal checks please!* We accept cashiers & certified checks, and all major credit cards.
  **Due**: within 30 days after receipt of your acceptance to the University but not later than May 1, 2016. This is absolutely necessary to reserve your residence hall room on campus. All requests for deposit refunds must be received in writing by May 31, 2016 regardless of your date of admission.

- **PRE-COLLEGE/SUMMER BRIDGE**: If you are attending the program please return application with the $500 Deposit (NO PERSONAL CHECKS). Include your student I.D. number and indicate “pre-college deposit”.

- **RETURN** On-Campus Housing Application to Office of Judicial Affairs and Housing (757-727-5303).
  **Due**: May 1, 2016

- **SEND** completed Medical & Immunization Charts to Student Health (757-727-5315)
  **Due**: May 1, 2016

- **PAY** necessary fees to be financially cleared. (Business Office 800-624-3327, 757-727-5228)
  **Due**: August 1, 2016

- **ACCEPT YOUR FINANCIAL AID AWARD ONLINE** (www.hamptonu.edu/studentservices/financialaid)
  **Due**: within 10 days of notice

- **RESPOND** to the Freshman Studies Packet: It will be available online July, 2016, to those who have paid the advance deposit. (Freshman Studies: 757-727-5243).
  **Due**: within one week of receipt

- You will only receive your Financial Clearance Packet and Pre-Printed Schedule if you are financially and medically cleared.

- **BRING** Financial Clearance Packet, Card, Schedule, and all other HU documents or additional fees on your designated arrival date.

Welcome to Hampton University, our “Home by the Sea!”