What’s Next?

After Application

☐ Free Application For Federal Student Aid (FAFSA) – Liberty University requires all students to submit a FAFSA. Submit yours online at www.fafsa.ed.gov and give Liberty’s school code 010392.

☐ Transcripts – In addition to your preliminary transcript, a final, official transcript is required to complete your admissions file. Applicants who transfer in more than 60 credits do not need to submit High School Transcripts. Please mail all documents to:

Liberty University
Office of Admissions
1971 University Blvd
Lynchburg, VA 24502

☐ SAT/ACT Scores – If you have not yet taken either the SAT or ACT, please refer to the registration information below. The SAT/ACT is not required for applicants who transfer in more than 60 credits, or are age 22 or older.

SAT
Web: www.collegeboard.com
Phone: 1-800-728-7267
Liberty Code: 5385

ACT
Web: www.act.org
Phone: 1-319-337-1313
Liberty Code: 4364

After Acceptance

☐ Confirmation Deposit – When you pay your $250 Confirmation Deposit, Liberty will mail you a free Liberty University T-shirt, and you will be awarded an Early Deposit Award (EDA) for one semester based on the date you confirmed. (This is non-refundable unless requested in writing by January 1, 2008 for Spring 2008 applicants, and May 1, 2007, for Fall 2007 applicants.)

EDA Deadlines for Fall 2007:
$1,000 – March 31, 2007

☐ Financial Check-In – Fall 2007 applicants may complete Financial Check-In (see website for details on when this will be available) by visiting www.liberty.edu/financialcheckin, and following the ASIST instructions. Fall 2007 applicants may begin Check-In on February 1, 2007.

☐ Housing Assignment – Beginning June 1, 2007, Fall applicants who have entered their Payment Plan may choose a dorm and room by going to www.liberty.edu/housing. This site will show a campus map, and various dorm floor plans to review before making a request. Spring applicants should submit the Housing Form which will be included in your final acceptance packet.

☐ Health Form – This form contains important health questions for you to complete and return prior to your arrival on campus. (This form will be included in your final acceptance packet. It is also available in PDF format for you to print at www.liberty.edu/admissions/formsandapplications.)
Confirmation Deposit Form

STEP 1 | Proposed Date of Entry

☐ Fall Semester ________ Year

☐ Spring Semester ________ Year

STEP 2 | Personal Information

Name Last First Middle

Date of Birth Month Day Year

Student ID Number

E-mail Address

Day Phone ( ) Evening Phone ( )

STEP 3 | New Students

For new students, the completed Confirmation Deposit Form must be submitted with the $250 deposit to:
Liberty University Admissions Office
1971 University Blvd.
Lynchburg, VA 24502-2269

STEP 4 | Payment Information

☐ I have enclosed my deposit

☐ I have paid online

☐ I have pre-paid in full or made my initial payment on an approved tuition payment plan for the Fall/Spring semester _____________

☐ I am paying by credit card:
  ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Account Number _____________________________ Expiration Date _____________________________

Name as it appears on card _____________________________

STEP 5 | Refund Policy

Your $250 deposit will be applied as a credit toward your Liberty University account for your first semester of attendance. A deposit may be refunded only if the request is in writing and received by May 1st for Fall applicants or January 1st for Spring applicants. You should contact the Student Accounts Office by email (studentaccounts@liberty.edu) or write to Liberty University Student Accounts Office, 1971 University Blvd., Lynchburg, VA 24502-2269. This deposit is non-transferable and non-refundable after the above deadlines, but may be deferred for one academic year should the student decide to attend in a subsequent semester. If you have applied for Spring Semester after January 1st, the first installment of your payment plan will be considered as your Confirmation Deposit.

I have applied for and accept this Confirmation Deposit Refund policy.

Signature _____________________________ Date _____________________________

Liberty University Office of Admissions • 1971 University Blvd • Lynchburg, VA 24502-2269 • 1-800-543-5317
At Liberty University basic medical and counseling services are provided by Christian medical professionals, Light Medical and Light Counseling, on a fee-for-service basis. Consistent with the guidelines adopted by Liberty University, all students entering the University must complete the Health Form and must be properly immunized before attending Liberty University. Required immunizations will be available on campus during Financial Check-In for late registrants. Please fill out the Health Form in its entirety and make sure you have the REQUIRED immunizations. Please enter the dates in the appropriate places and return this form in the enclosed envelope to Light Medical, Inc. as soon as possible.

### STEP 1  Student Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>/</td>
<td>/</td>
<td>Year</td>
<td>Height:</td>
</tr>
</tbody>
</table>

US Citizen? Yes No Other |

Address ( )

Day Phone |

E-mail Address |

### STEP 2  Emergency Contact Information

In case of a medical emergency or life threatening situation, the following individual may be contacted:

<table>
<thead>
<tr>
<th>Next of Kin</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>( )</td>
<td>( )</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

Home Phone ( )

Work Phone ( )

Insurance Company ( )

Policy Holder ( )

Company Phone ( )

Group Number |

Policy Holder’s Member Number |

Company Address ( )

City | State | Zip |

### STEP 3  Immunization Requirements

Through policies and procedures at Liberty University, we are attempting to maintain the best possible health of our students. This includes proper immunizations PRIOR to attending Liberty University. The following ARE REQUIRED for living in a dormitory and for attending classes at Liberty University. These are required by the university in accordance with recommendations from the American Academy of Pediatrics, the American College Health Association, the Virginia Department of Health, and the Centers for Disease Control and Prevention.

1. Meningococcal Meningitis
2. MMR (Measles, Mumps & Rubella) 2 doses with the 2nd dose at 5 years of age or after (for students born after 1956)
3. Tetanus / Diphtheria booster within the last ten years
4. Testing for Tuberculosis with PPD or screening with CDC TB assessment tool signed by family doctor within six months prior to matriculation to Liberty

**Immunization Requirements**

<table>
<thead>
<tr>
<th>MMR Date:</th>
<th>1st Dose</th>
<th>2nd Dose</th>
<th>Tetanus Booster Date:</th>
<th>Meningococcal Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD Date:</td>
<td>Positive</td>
<td>Negative</td>
<td>(If positive, student should obtain a chest x-ray and provide a treatment plan / report from home doctor.)</td>
<td></td>
</tr>
</tbody>
</table>

In addition to the required immunizations, the following vaccinations are highly recommended:

1. Hepatitis B series (this will be required of nursing students and athletic trainers prior to taking clinical courses)
2. Varicella vaccine (if student has not had chickenpox as a child)
**STEP 4 Personal History**

Indicate whether you have ever had any of the following by checking the appropriate blanks:

- Hay Fever
- Asthma
- Bronchitis
- Tuberculosis
- Rheumatic Fever
- Heart Disease
- Arthritis
- Anemia / Blood Disease
- Thyroid Disease
- Cancer
- Nerve / Mental Disease
- Obesity
- Peptic Ulcer
- Diabetes
- Recurrent Headaches
- HIV Positive
- Hepatitis
- Malaria
- Crystitis
- Mumps
- Venereal Disease
- Chickenpox
- Regular Measles
- Hernia
- Mononucleosis
- Congenital Disease
- Nephritis
- Chronic Diarrhea
- Convulsions
- Colitis, Ulcerative
- Colitis, Spastic
- Vaginitis
- Insomnia
- Hypertension
- Appetite Loss
- Dizziness
- Fainting
- Paralysis
- Back Problems
- Chronic Cough
- Sinusitis
- Depression
- Breast Problems
- Recurrent Sprains
- Severe Cramps
- Sexual Problems
- German Measles
- Ear Problems
- Eye Problems
- Epilepsy
- Scarlet Fever
- Prostatitis

**STEP 5 Allergy Information**

- Penicillin
- Sulfa Drugs
- Tetracycline
- Aspirin

List other drugs or allergies ____________________________

**STEP 6 Verification**

The above health information, to the best of my ability, is correct and complete.

Signature ____________________________ Date ____________

Note: It is wise for you to keep a copy of your immunization record with you in your wallet and a copy in your records at home for emergencies and future reference.