International Student Pre-Departure Forms Packet

Fall 2015
Arrival Information Form

You should plan to arrive at the Denver International Airport on the date requested if you wish to take advantage of OJC’s airport to campus transportation. We cannot guarantee transportation for those students who choose to arrive on alternative dates. PLEASE PRINT CLEARLY…

Name

Airline | Flight Number | Arrival Time

FALL SEMESTER: Orientation arrival date: August 13, 2015

Alternative Arrival Date: ______________________________________________________

(Students are responsible for planning their own transportation from Denver International Airport if they select to arrive on an alternative date.)

Arrival Airport: Denver International Airport (DEN) | Colorado Springs Airport (COS)

Do you need transportation to OJC? YES NO

If no, how will you be getting to campus? ________________________________________

International Student Orientation takes place before the residence halls open for the fall term. Please let us know in advance if you are coming to OJC independently to participate in orientation so that we can make sure there is someone to meet you and check you into your room.

Date/Time Planning to Arrive on Campus:

________________________________________

T-Shirt Size: SMALL / MEDIUM / LARGE / X-LARGE

FAX TO: 719-384-6952

EMAIL TO: Rochelle.Wallace@ojc.edu

You can also complete and submit this document on-line at:
http://www.ojc.edu/default.aspx?pg=prointorientation&
Medical History Form

Name: ___________________________________________ Date of birth: ____________________________

Email: __________________________________________ @ __________________________________________

Sex: □ Male □ Female            Marital status: □ Married □ Single □
Other: ___________________________

Primary Language: □ English □ Spanish □ Other: _________ Translator needed: □ Yes □ No

Ethnic background: □ Caucasian □ Black/African American □ Hispanic □ Native American
□ Arab/Middle Eastern □ Asian/Pacific Islander □ Jewish ancestry □ Other: ______________________

Name of Physician/Doctor in Home Country: ____________________________________________________

Address of Physician/Doctor in Home Country: ____________________________________________________

Phone Number of Physician/Doctor in Home Country: ______________________________________________

Past Medical History: Please check all previous or current illnesses

□ Heart problems □ Seizures □ Bleeding problems □ High blood pressure □ Thyroid problems
□ Lung problems □ Diabetes □ Circulation problems □ Liver problems □ Stroke □ HIV/AIDS
□ Kidney/Urine Problems □ Gastrointestinal/Bowel problems □ Vision/Hearing □ Bone or skeletal problems
□ Problems with the development of teeth, or extra or missing teeth
□ Environmental exposures (ex: radiation, chemical exposures)

Please provide a description of your past illnesses for the boxes you checked above (you may use the back if necessary)

__________________________________________________________________________________________

__________________________________________________________________________________________

Past Surgical History: (include the type of surgery and date)

__________________________________________________________________________________________
Cancer History:
Have you been diagnosed with cancer?  [ ] Yes  [ ] No
Diagnosis: ____________________________________ Age: _______
Treatment: _____________________________________
Second cancer: ____________________________________ Age: _______
Treatment: _______________________________________

Current Medications

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>How Often Taken</th>
<th>Reason for Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Allergies

Please list any medications, food products or other things that you are allergic to:
__________________________________________________________________________________

Genetic History

Have you been diagnosed with a genetic condition?  [ ] Yes  [ ] No
Please list your diagnosis: __________________________________________________________

Have you had a genetic test?  [ ] Yes  [ ] No
For what condition? _______________________________________________________________
What was the result? ________________________________________________________________

Immunizations

Please note the date of the following immunizations and attach a copy of your official immunization record.
Measles (Rubeola) Rubella Polio (OPV/IPV)
__________________________________________________ Date of Immunization mm/dd/yyyy

Mumps  Diphtheria, Whooping Cough, Tetanus (DTP; DTaP)  Tetnus Booster (Td/DI)
__________________________________________________ Date of Immunization mm/dd/yyyy

Hepatitis B (HBV)  Chicken Pox (Varicella)  Meningococcal
__________________________________________________ Date of Immunization mm/dd/yyyy

In the event of an outbreak, persons exempt from immunization for medical, religious or personal reasons will be subject to exclusion from school and quarantine.
Application for Accommodations in OJC Housing

STUDENT INFORMATION

Academic Year: 2015-2016

Name

Last ___________________________ First ___________________________ M. ___________________________

OJC S#__________________________ SS#__________ --- _________ --- _________

Mailing Address

Street ___________________________________________ City ___________________________ State ______ Zip ________

Permanent Phone Number (_____) ___________________________ Cell Phone (_____) ___________________________

Emergency Notification (Parents/Guardian/Other)

Name ___________________________________________ Phone Number (_____) ___________________________

Email Address (optional) ___________________________________________

Program of Study:  □ Law Enforcement Academy (Fall or Spring – circle one)  □ Nursing  □ Other_________________________

Recruited for: ___________________________________________

ROOM ASSIGNMENT INFORMATION

The year I wish to live in the dorm, I will be a:  □ Freshman  □ Sophomore

Sex:  □ Male  □ Female  Age: ______  Date of Birth: ___________________________

I prefer to be assigned to:  □ Wunsch Hall  □ South Site (Double rooms only - Located approx. 1.5 miles OFF campus)  □ Conley Complex (approx. $300 more per semester, double rooms only - Rate subject to change.)

Room Type:

□ Single room (If available, approx. $500 more per semester. Rate subject to change.)

□ Double room – Roommate Preference ___________________________________________

□ Triple room – Roommate Preferences ___________________________________________

Do you smoke?  □ Yes  □ No  (Smoking is not allowed in OJC Housing.)

Do you mind if your roommate smokes?  □ Yes  □ No

Do you go to bed:  □ Early (before 10:00 p.m.)  □ Late (after 10:00 p.m.)

Do you consider yourself:  □ Very tidy  □ Average  □ Very untidy

Student Signature ___________________________________________ Date _________________

If under 18 a parent signature is required.  Parent Signature: ___________________________________________ Date _________________

Continue to Back.

Please return this form with your $100 deposit to:

Otero Junior College
Attn: Student Services
1802 Colorado Avenue
La Junta CO 81050

For Office Use:  Date Received __________  Deposit Received __________
Otero Junior College Housing Contract

Residents must be 17 years of age or older at the time of the start of the contract that the resident will be living in the dorm.

You must answer the following question or your application will be delayed.

Have you ever been convicted of a crime, made a plea guilty, accepted a deferred judgments adjudicated, or been requested to register as a sex offender? (Minor traffic offenses are exempt) . If yes provide an explanation or attach a separate letter.

Student Signature

I agree to pay the charges regularly fixed by the College for accommodations assigned to me.

If I fail to occupy the assigned accommodations on or before the first day of classes of the period covered by this Application-Contract without having given the Housing Office prior notification of my delayed arrival, I agree that the accommodations may be assigned to another student. Furthermore, delayed arrival shall not relieve me of responsibility for accepting other accommodations assigned to me.

Terms Controlling Use and Rights of Occupancy of Rooms in College Residence Hall

1. The college reserves the right to refuse any application for accommodations in the College Residence Hall upon the return of the deposit.
2. CANCELLATION OF APPLICATION-CONTRACT BY APPLICANT: This Application-Contract may be canceled and the one hundred dollar ($100.00) deposit and any other payments on the Contract will be refunded provided request for such cancellation is received in the College Housing Office on or before AUGUST 1st of the current year. This Application-Contract cannot be cancelled by the applicant after the above-mentioned date if the applicant attends Otero Junior College during any part of the period for which accommodations are requested. If the applicant is officially denied admission to the college prior to the beginning of the period for which accommodations are requested, the deposit, of one hundred dollars ($100.00) will be refunded.
3. APPLICATION OF DEPOSIT: If the Contract is fully completed by the applicant, hereinafter referred to as “student”, the deposit will be refunded upon surrender of the room at the end of the Contract year or graduation. Students must follow proper check out procedure to be eligible to receive their deposit refund ($100). See Housing Handbook: Check out.
4. PERIOD OF CONTRACT: The Contract is for the entire academic year, or, if the student applied for accommodations after the beginning of the academic year, for that part of the academic year remaining after the effective dates of the Contract. I agree that if I have not requested cancellation of the Contract on or before the date stated on the Contract, and if I attend Otero Junior College, I will live in OJC Housing during the entire academic year for which this Contract is made. If I fail to fulfill the terms of the Contract, I understand one of the following conditions will apply and that financial penalty will be imposed.
   • Moving from OJC Housing, I understand that my housing deposit will be forfeited.
   • Moving from OJC Housing prior to mid-term (eight weeks into semester) will result in room and board charges being prorated. This proration will be applied in weekly increments. For example, if the student checks out on Tuesday, he or she will be charged through Thursday of that same week. After the eighth week, students will be charged for the entire semester.
5. BOARD PLAN: All OJC housing applicants on check in will be registered for the 19 meal board plan unless the student is in writing for the 15 meal board plan at check-in. Once the semester commences, OJC housing students will have two weeks to change from the 19 to the 15 meal plan.
6. ROOM RATES: OJC housing students will have two weeks upon commencement of the semester to change their room status from a single room to a double room and will not be obligated to pay the $400 dollar single room per semester rate. This same standard is true for students wishing to move from E.J. Conley Complex to Wunsch Hall. Depending on availability, if after two weeks a student wishes to move from a single room into a double room in Wunsch Hall, South Site, or E.J. Conley, they may do so, but are obligated to pay the full single room semester rate (approximately $500 more). If a student wishes to move from the E.J. Conley Complex to Wunsch Hall or South Site two weeks after the semester begins, they may, if availability allows, but are obligated to pay the full Conley Complex room semester rate (approximately $300 more).
7. FULL-TIME STUDENT: Students living in OJC Housing are required to be of full-time status carrying 12 or more credit hours.
8. OCCUPANCY OF HALL: Rooms may be occupied two days prior to the first day of classes. Rooms may not be occupied by students when the Residence Hall is closed during vacation periods and must be vacated at the close of the academic year. All personal property must be removed from College property on the last day of the period of occupancy. The college does not offer any storage for belongings outside the occupants' assigned room.
9. ROOM ASSIGNMENT, DORM PARKING, CHARGES, and AND PAYMENTS: After a room has been assigned to the student the College will notify the student of their room assignment. The College reserves the right to change the room assignment and to require the student to move to different accommodations when the College deems it expedient, in which event the student's account will be credited, or charged, with any difference in the charges. I agree that should I bring a vehicle to OJC, while in attendance, I will obtain a parking permit for the window, display it and park in the designated areas for housing students.
10. The college reserves the right to have college personnel enter a student’s room for safety or maintenance/service issues.
11. FIRE, THEFT OR DAMAGE: The College will not be responsible for the loss of or damage to any of the student’s personal property. The student shall reimburse the College for all damage to the structure in which he is housed and damage to, or loss of, any College fixtures, furnishings or personal property furnished under this Contract caused by any negligence on the part of the student.
   In the event that the accommodations assigned to the student are destroyed or otherwise made unavailable and the College does not furnish other accommodations in the same or another Residence Hall, the Contract shall terminate any and all rights and liabilities of the parties hereto shall cease and the right of the College and student to payments previously made by the student shall be prorated on the basis of the period for which accommodations were made available to the student.
12. WEAPONS/FIREARMS: Students may not bring any weapon or firearm, including handgun(s) carried in accordance with the Colorado Concealed Carry Act, 18-12-201, et. seq., C.R.S., into any residence hall. With regard to any weapons other than handguns carried in accordance with the Colorado Concealed Carry Act, 18-12-201, et. seq., C.R.S., college policies, rules and regulations prohibit weapons and firearms from being brought into any residence hall. As a student living in the dorms, you waive your right to the concealed carry law. Notwithstanding any other language in the Residence hall contract, the college may terminate the contract immediately for violation of this provision.
   Toys designed to look like/perform like weapons or firearms are expressly prohibited in the halls.
13. RULES AND REGULATIONS: The student shall comply with all rules and regulations of OJC Housing and of the College which are now, or are hereafter, in effect, which rules and regulations specifically made a part of the Contract reference. By affixing my signature I agree to comply with all disciplinary rules set forth in the Housing Handbook and general regulations of the college.
14. COMPLETION OF APPLICATION: Current application must be completed with current housing application and deposit paid in full.

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS, CONDITIONS AND PROVISIONS SET FORTH IN THIS CONTRACT

Student Signature ___________________________ Date _____________

If under 18 a parent signature is required. Parent Signature: ___________________________ Date: _____________

Revised 7/7/2014