

ADMITTED STUDENT GUIDE



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DR. MAKOLA M. ABDULLAH

14th President of Virginia State University

It is my pleasure to greet you on behalf of our Trojan Family and we are excited about the experience you will have once you arrive on campus. Virginia State University is a place where you will grow personally and be challenged academically.

VSU has been transforming lives and developing pioneers for more than a century. You are now a part of our family. Get ready for a life-changing experience as a VSU Trojan. We welcome you, and we are excited about what lies ahead.

Hail State! Hail State! Hail, Hail, Hail



NEXT STEPS

FIRST-TIME FRESHMEN AND TRANSFER STUDENTS

You have applied and were admitted! Now, you will take the following steps to confirm your status, secure your position and begin your first semester at VSU.

This guide is a valuable resource providing action steps, required forms, helpful hints, and University information to ensure a smooth transition to VSU and assist you in your first semester as a Virginia State University TROJAN. Many of the questions you may have your first year are answered in this book, so be sure to read it entirely and keep it as a reference for information throughout the year.

Note: You are considered a First-Time Freshman regardless of how many dual enrollment (DE) credits you have earned. If the credits are earned prior to graduating from high school, you are considered a First-Time Freshman.

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STEP 1 - ACCEPT THE OFFER

To accept your non-binding offer of admission,

1. Sign in to your Online Application Account
2. Under the Action section, click "View."
3. Select "Respond Now" on your Decision History screen.
4. Select "I Accept Admission" account.

STEP 2 - PAY YOUR ENROLLMENT FEE

Upon acceptance to the University, all newly admitted students must pay an enrollment fee to be recognized as VSU students and register for the upcoming term. Secure your spot in the upcoming class and submit your enrollment fee.

Please Note: Payments may take up to three (3) business days to post to your account.



STEP 3: ACTIVATE STUDENT ACCOUNT (ACCESS TO BANNER, STUDENT EMAIL, AND BLACKBOARD)

Your student e-mail is the best way to communicate with all Faculty and Staff at the University. Your student is also access to our campus network such as Microsoft Office product installations, VSU computer labs, Medicat, Blackboard, and more.

[View instructions](#) to activate your account, then [set up your student email](#).



STEP 4: COMPLETE YOUR ONLINE FAFSA (OPENS DECEMBER 31, 2023)

To apply for most financial aid, including federal and state student grants, work-study, and loans, you'll need to complete the [Free Application for Federal Student Aid \(FAFSA\)](#). Although this financial aid form may seem complex, many free resources help you. Visit the [VSU Financial Aid](#) for more information.

[View instructions](#) to activate your account, then [set up your student email](#).

STEP 5: SUBMIT ONLINE HOUSING APPLICATION & ROOM DEPOSIT

To receive a housing assignment, students must complete an online housing application AND pay the \$150 Room Deposit. Information on completing your online housing application and deposit payment instructions can be found here: [Housing Application](#). The \$150.00 room deposit is refundable. If you no longer plan to live on campus after submitting your housing deposit, send an e-mail to reslife@vsu.edu to request a refund. For details, please visit the [Residence Life & Housing](#).

Please note: To apply for housing, you must have completed steps 1, 2, 3, and 4

STEP 6 - REGISTER FOR ORIENTATION

Newly admitted students attend The Trojan Introduction Program (TIP), during June and July for students entering the fall semester and January for students entering the spring semester. TIP registration dates are available. [Sign up now.](#)

Please note: To register for TIP, you must have completed steps 1 & 2.

Open House March 23, 2024



SCAN ME

Summer 2024 Orientation TBA

STEP 7 - RETURN HEALTH FORMS

Every new full-time student entering Virginia State University is required to provide the Health Evaluation Forms prior to enrollment. The forms are located in your NEW STUDENT GUIDE. Please complete the forms with all required documents and submit them to Student Health Services through the [VSU Medical](#) secure online portal or mail documents to:

Student Health Services
P.O. Box 9082
Virginia State University, VA 23806

Be sure to retain a copy for your records. The completed form is due by June 1st for the fall term and by Dec. 1st for the spring term.

Please note: To submit your forms through the secure [VSU Medical](#) portal, you must have completed step 4.

STEP 8 - SUBMIT FINAL TRANSCRIPTS AND TEST SCORES

To complete enrollment, submit your final high school transcript and any dual enrollment coursework to the Office of Admissions. The final transcript differs from the transcript you submitted to obtain admission to the University. The final high school transcript will include your graduation date. If you have AP/ IB test results or have dual enrollment (DE) credits, send the test score report(s) and/or college transcript to VSU Admissions before attending New Student Orientation. Remember, DE grades on a high school transcript will NOT apply for college credit. A transcript from the college/university issuing the credits must be received to be applied to your VSU student record. Failure to submit an official final high school may result in a registration hold placed on your account. Please send the above items to admissdocs@vsu.edu or mail them to:

Virginia State University
Office of Undergraduate Admissions
P.O. Box 9018
Virginia State University, VA 23806



TRANSFERS STUDENTS WITH 30 OR MORE CREDITS

As a transfer student, you have an idea of how the college environment and financial aid process works. Now you will take the next steps to begin your first semester at VSU.

ARTICULATION OF CLASSES

Articulation is the process of adding your eligible college credits to your VSU academic record. This process may take up to 3 - 5 business days from the date you accept the offer of admission to complete.

It is very important we receive all OFFICIAL transcripts from every college or university attended prior to accepting the offer of admission.

VSU will not evaluate and articulate courses to add to your academic record based on an unofficial transcript. Courses eligible for articulation include 100-level or greater courses with a grade of "C" or better. Remedial and developmental courses are ineligible.

Transfer courses should be articulated prior to registering for classes to minimize course repeats.

After the articulation process, transfer students with 30 credits or more will be advised by their departmental advisor.



ACADEMIC COLLEGES

COLLEGE OF AGRICULTURE

DR. ROBERT N. CORELY,
INTERIM DEAN
RCORELY@VSU.EDU
804.524.1890



THE REGINALD F. LEWIS COLLEGE OF BUSINESS

DR. EMMANUEL OMOJOKUN,
DEAN CAMPUS P.O. BOX 9398
EOMOJOKUN@VSU.EDU
804.524.5166



COLLEGE OF EDUCATION

DR. WILLIS WALTER, DEAN
CAMPUS P.O. BOX 9088
WWALTER@VSU.EDU
804.524.5742



ACADEMIC COLLEGES



COLLEGE OF ENGINEERING & TECHNOLOGY

DR. DAWIT HAILE, DEAN
CAMPUS P.O. BOX 9392
DHAILE@VSU.EDU
804.524.5285



COLLEGE OF HUMANITIES & SOCIAL SCIENCES

DR. ISIS WALTON, INTERIM DEAN
CAMPUS P.O. BOX 9401
IWALTON@VSU.EDU
804.524.5930



COLLEGE OF NATURAL & HEALTH SCIENCES

DR. DERICK SCOTT, DEAN
CAMPUS P.O. BOX 9392
DSCOTT@VSU.EDU
804.524.5969

UNIVERSITY CONTACTS

VSU is in the (804) area code and most numbers on campus begin with 524-xxxx. If you do not know a number, call the university switchboard at (804) 524-5000.

<u>DEPARTMENT</u>	<u>PHONE</u>	<u>E-MAIL</u>
Academic Center for Excellence	6755	ace@vsu.edu
Admissions	5901	admissions@vsu.edu
Athletics	5031	fjohnson@vsu.edu
Campus Police	5360	police@vsu.edu
Cashier	5150	bursar@vsu.edu
Financial Aid	5990	finaid@vsu.edu
Honors Program	6709	honors@vsu.edu
International Student Advisement	5928	fmarshall@vsu.edu
Orientation (TIP)	5356	tip@vsu.edu
Registrar	5275	registrar@vsu.edu
Residence Life	5011	reslife@vsu.edu
Student Accessibility Office	5061	sao@vsu.edu
Student Accounts	5506	bursar@vsu.edu
Student Activities	5692	studentactivities@vsu.edu
Student Health Services	5711	Shealthcenter@vsu.edu
Student Helpdesk	2000	VSUstudentHD@vsu.edu
ROTC (Military Science)	5216	rotc@vsu.edu
Veteran's Affairs	9528	fmarshall@vsu.edu



Health Evaluation Checklist

Please be sure the following information is complete before submitting the Health Evaluation Form. The form is required of all full-time students; including transfer students regardless of classification and is due June 1st for fall admission and December 1st for students entering in the spring.

It is important to answer each section of the health record completely. Incomplete forms will result in a HOLD on your account and delay your registration.

If you have questions regarding these forms, please call Student Health Services at (804) 524-5711, Monday - Friday, 8:00 AM - 5:00 PM

Upload completed health form to the VSU Medicat Online Portal at: <https://vsu.medicatconnect.com>

If you are unable to upload your completed health form to the Medicat portal, send by mail to:
Virginia State University Student Health Center
P.O. Box 9082
Virginia State University, VA 23806

Section I - Health History

- ☐ Health History
- ☐ Student Identification Number (V#)
- ☐ Home Address
- ☐ Emergency Contact Information
- ☐ Personal History
- ☐ Did you sign and date your form?
- ☐ Are you under the age of 18? If so, be sure your parent/guardian signs the health form.
- ☐ Have you attached a photocopy of your Insurance I.D. Card?



Section II - Immunization Record

- ☐ Is a photocopy of immunization records attached?
- ☐ Are all immunization dates documented?
- ☐ 1st and 2nd MMR? - Both dates are required.
- ☐ Tetanus Diphtheria or Tdap - within ten (10) years?
- ☐ Hepatitis B - Dose #1, Dose #2 and Dose #3 or Waiver
- ☐ Polio (OPV) AND DIPHTHERIA/TETANUS/PERTUSSIS (DTP) (date of last in series)
- ☐ Meningitis Vaccine, and Booster or Waiver

Section III - Tuberculosis Screening

- ☐ TB Screening or TB skin test
- ☐ Signature and date of health care provider

Section IV - Meningitis & Hepatitis B Vaccine Information

- ☐ Name and V#
- ☐ Signature and date if waiving vaccine



Health Evaluation Form - Section I



I. HEALTH HISTORY - To be completed by the STUDENT (Required of all full-time students) Please answer all questions. Information requested in this form is strictly for the use of the Health Center in providing medical care and will not be released without your consent. Information gathered will not affect your admission status in any way. These forms are due June 1st for fall admission and December 1st for students entering in the spring.

Name _____ Gender _____ Date of Birth ____/____/____ Age _____
Last First MI

Student V# _____ VSU Sport (if applicable) _____

Home Address _____
Street Address Apt City State Zip Code

Home phone (_____) _____ Cell phone (_____) _____

Name of parent(s) or guardian: _____

Anticipated entry date: ☐ Spring 20____ ☐ Fall 20____ Previously enrolled? ☐ Yes ☐ No

Admission Status: ☐ First-time Freshman ☐ Transfer ☐ Re-Admit ☐ Graduate

In Case of Emergency, notify: _____ Relationship: _____

Address _____ Phone: (_____) _____
Address Apt City State Zip Code

Name of Insurance Company: _____ Subscriber: _____

(Please provide a photocopy of your insurance I.D. Card in addition to information completed above)

Policy Number: _____ Address: _____

PERSONAL HISTORY

Significant Medical Conditions (dates and diagnoses): _____

Hospitalizations (dates and diagnoses): _____

Please circle to indicate whether you have (or had in the past) these problems

Allergies	Hearing impairment	Migraine Headache	Sexually Transmitted Disease
Anemia	Heart Disease	Pneumonia	Substance/Alcohol Abuse
Asthma	Heart Murmur	Psychological Problems	Thyroid Disorder
Bleeding Disorder	Hepatitis or Liver Disease	Rheumatoid Arthritis	Tuberculosis or Positive TB Test
Cancer or Malignancy	High Blood Pressure	Rheumatic Fever	Visual Impairment
Chickenpox	HIV	Sickle Cell Trait	Other
Diabetes	Kidney Infection or Stone	Sickle Cell Disease	
Gastrointestinal Disorder	Lung Disease	Seizure Disorder	

FAMILY HISTORY: Circle if the condition exists in your family (immediate family, grandparents, aunts, uncles and cousins)

Allergies	Cancer	High Blood Pressure	Sudden Death
Anemia	Diabetes	Lung Disease	Tuberculosis
Asthma	Eye Disorder	Psychiatric Disorder	Ulcer
Bleeding Disorder	Heart Disease	Stroke	Other

FOR SIGNATURE OF PARENTS/LEGAL GUARDIANS OR STUDENT 18 YEARS OR OLDER

Virginia law requires parental permission in order to provide medical or surgical care to minors. Parents/legal guardians must sign the following consent statement to ensure medical care is carried out promptly without unnecessary delays.

RELEASE OF MEDICAL RECORDS: I authorize the release of all medical records to Virginia State University Student Health Center. I hereby authorize the physicians, clinicians, and staff nurses of Virginia State University Student Health Center to examine, interview, test, and if necessary, treat my son/daughter/myself, as deem advisable.

Signature: _____ Date: ____/____/____
Parent/Guardian or Student

Health Evaluation Form - Section II



II. IMMUNIZATION RECORD - To be completed and signed by the LICENSED HEALTH PROVIDER.

All *full-time* students are required by the Code of Virginia (Section 23-8.0) to provide documentation of their immunizations by a licensed health professional. If you are unable to provide appropriate documentation, vaccines may be repeated.

A registration hold for the upcoming semester will be placed if all required immunizations are not up-to-date.

Name _____ Student V# _____
Last First MI

Date of Birth: ____/____/____

Month Day Year

REQUIRED IMMUNIZATIONS			
POLIO <i>date of last dose or booster</i>			
DIPHTHERIA/TETANUS/PERTUSSIS (DPT) <i>completed primary series</i>			
TETANUS TOXOID/DIPHTHERIA (Td) or Tdap <i>within ten years</i>			
MMR (dose 1) <i>Initial dose after 1st birthday (unless born prior to 1957)</i>			
MMR (dose 2) <i>Given at least 1 month after dose 1</i>			
or MMRTITER <i>Please provide copy of report</i>			
REQUIRED OR WAIVER			
HEPATITIS B or TWINRIX (Circle one) <i>Completion date</i>			
MENINGOCOCCAL VACCINE			
MENINGOCOCCAL VACCINE BOOSTER <i>if 1st dose before 16th birthday</i>			
RECOMMENDED			
HEPATITIS A			
HPV: HPV4____HPV9____			
VARICELLA (Chicken Pox) <i>After 1st birthday and ≥ 21 days apart OR date of disease</i>			
MENINGITIS B (dose 1)			
MENINGITIS B (dose 2)			

***** PLEASE ATTACH COPY OF IMMUNIZATION RECORD *****

All information must be in English.

☐ To the best of my knowledge, this person received the above immunizations.

OR

☐ The physical condition of the above named individual is such that immunization could endanger life or health.

Signature of Health Professional: _____ Date: ____/____/____

Printed Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Health Evaluation Form - Section III



III. TUBERCULOSIS SCREENING - To be completed by the LICENSED HEALTH PROFESSIONAL (M.D., P.A., N.P., R.N., L.P.N.) PERFORMING THE EVALUATION ONLY. Licensed health professional must sign and date.

The following are the revised tuberculosis screening requirements at Virginia State University. These are revised to reflect the updated recommendations published by the CDC. Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. MMWR November 2005; 54 (No. RR-12): 4-5.

Please answer all questions and sign below.

PPD IS ONLY REQUIRED IF ANY OF THE FOLLOWING RESPONSES ARE YES.
(Licensed health professional must sign and date)

Name _____ Student V# _____
Last First MI

All answers must be indicated on this form before it is considered complete, incomplete forms will be returned.

1. Traveled to Asia, Africa, Latin America, Eastern Europe, or Russia within the last 5 years?
☐ Yes ☐ No
2. Has the student had close contact with persons known or suspected of having tuberculosis?
☐ Yes ☐ No
3. Volunteered, been employed or been a resident of a correctional institution, nursing home, mental institution, homeless shelter or other long-term care facility serving high-risk clients?
☐ Yes ☐ No
4. Has the student been exposed to a household contact that meets any of the criteria numbers 2-5?
☐ Yes ☐ No
5. Was the student born outside of the United States?
☐ Yes ☐ No

Date of PPD: ____/____/____ Date of reading: ____/____/____

Result: ____ mm (provide actual size in mm, not just positive/negative) (Within last 12 months)

- If PPD, past or present, is positive-Chest x-ray is REQUIRED within the last 12 months:
- Result: _____
- Treatment (medication prescribed and duration of treatment) _____
- Any follow-up recommendations? _____

Examiner's Signature _____ Date ____/____/____

THE ALMA MATER

Words by Felicia D. Anderson, 1923

O, the warm mellow sunlight is shining
And the trees like great sentinels stand;
They are guarding our dear Alma Mater
The pride of Virginia's Land.

Alma Mater, O Mother so tender,
Thy children beloved gather here
To drink from thy fount clear and sparkling
And breathe thy pure atmosphere

Forth we go to the world to do service
Thy lofty command to fulfill
"With thy light, go dispel all darkness
And thus do thy Father's will"

Live on, Live on! Alma Mater,
To Thee we shall always be true;
Our vows we shall pay unto heaven,
And Thee, our Orange and Blue.

Chorus:

Hail State! Hail State! Hail, Hail, Hail!
We're loyal sons and daughters true to Orange
and Blue;
Our hearts beat warm with love for Thee
Though near or far from Thee we be!
Virginia State, Virginia State, Hail, Hail, Hail!



THE EVENING SONG

Composed by Alston Waters Burleigh, 1930

Far above the Appomattox,
On its lofty hill, Stands the school we
love so dearly,
And we always will; Though the years
may come between us,
Still whatever our fate, We will keep
thy song before us.
Hail Virginia State.

Refrain: Carry me back to Alma
Mater,
Their stand the tree and the temples
we adore, Life's sweetest song we will
sing to our Mother, Hail to Virginia
State our home forever more.

Keep our aim and purpose steadfast,
Thru the darkest night, Lead us on to
full achievement,
By they guiding light; Then when we
fulfill our mission,
Be it small or great, We will sing they
praise forever.
Hail Virginia State.



OFFICE OF ADMISSIONS
P.O. BOX 9018
VIRGINIA STATE UNIVERSITY, VA 23806
804-524-5901
ADMISSIONS@VSU.EDU

