PREPARING FOR ARRIVAL AT SUNY NEW PALTZ

Important information for new international students

Undergraduate and ESL Students

SPRING 2018
New Student Checklist

F1 Students Spring 2018

Please read the enclosed materials carefully as they contain important information for you. Here is what you need to do:

**Visa** (see attached information)

- Contact the U.S. Consulate in your country and make an appointment for an interview.
- Pay the $200 SEVIS fee BEFORE your interview at the U.S. Consulate, if necessary.

**Send to us immediately**

*(even before you get your visa):*

- Attendance Response Form (even if you are not planning to come to SUNY New Paltz)

**Send BEFORE you come to the U.S.:**

- Health Form-make sure you and your physician have filled it out completely and send it to the Student Health Center. (You will not be able to register for classes if the university health center has not received your health form before you arrive in the U.S.). Bring a photocopy of the completed health form with you when you come to New Paltz.

**Travel to New Paltz**

- Make sure you arrive on **Wednesday, January 17, 2018** (on-campus students) or **Thursday, January 18, 2018** (off-campus students) to attend orientation. If you arrive before then, you will not be able to move into on-campus housing and will have to make your own housing arrangements until the on-campus housing opens.

- Fax or e-mail the New Student Airport Pick-Up Request form to us if you want to use our bus service from JFK airport to SUNY New Paltz on **Wednesday, January 17, 2018**. The bus can only pick you up if you arrive on **Wednesday, January 17, 2018**. The bus will leave JFK airport at 6pm. Make sure your plane arrives at least 2 hours before the bus leaves the airport to give you enough time to clear customs and immigration. The cost of airport pick-up is $40. You must pay and send us your flight itinerary by **December 14, 2017**. If your flight gets delayed or if you miss your flight, the bus cannot wait for you.
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NEW STUDENT ORIENTATION and COURSE REGISTRATION

Move-In
for International Students living on-campus
Wednesday, January 17, 2018
18:00–20:00
Office of Residence Life
Gage Hall

Check-In and Orientation
for International Students living off-campus
Thursday, January 18, 2018
09:00
Lecture Center South Lobby

Course Registration and Orientation begins
Thursday, January 18, 2018

Classes Officially Begin
Monday, January 22, 2018

What will you do during orientation?
→ During orientation, on-campus students will move into the residence halls.
→ All students will meet academic advisors and finalize course registration.
→ Students who have not documented a minimum score of 550 paper-based, 213 computer-based, 80 ibt, or 6.5 ielts on the TOEFL exam must take the English Language Proficiency Exam during orientation. There are no exceptions.
→ There will also be time for social activities, tours of New Paltz, and a chance to meet other new and continuing students.

We look forward to meeting you!
IMPORTANT STEPS
FOR GETTING YOUR F-1 VISA

Preparing for Your Visa Interview

☑️ I-20
Enclosed is your SUNY New Paltz I-20 Certificate of Eligibility for F-1 student status. You might receive several I-20 forms if you are accepted to several U.S. schools, but you must use the form from the school you want to attend. Sign the I-20 at item #11.

For citizens of India, please go to www.ustraveldocs.com for visa instructions. For citizens of all other countries, please follow the steps below.

☐ Schedule a Visa Interview
Contact your local U.S. Consulate or Embassy to ask about how to get an F-1 international student visa. First look at the U.S. Embassy/Consulate’s Website instructions to schedule an interview for your F-1 student visa. A list of Consulates and Embassies can be found at http://usembassy.state.gov/ It is important to apply for your student visa as early as possible.

☐ Visa Application Forms
Most U.S. Consulates now require all applicants for entry visas to complete the DS-160: Online Nonimmigrant Visa Application. The online form combines several forms into one. The form and instructions are available on the website of the U.S. State Department at http://travel.state.gov/visa/forms/forms_4230.html.

Please follow these instructions carefully. The website of your consulate may provide instructions in your native language or provide additional information specific to the procedures of that consulate.

☐ Visa Fee
Pay the $160 Nonimmigrant Visa Application Fee by following the instructions on your local U.S. embassy or consulate’s website. Note that this fee is different from the $200 “SEVIS Fee” described below. (You may also have to pay a visa issuance fee, which is based on reciprocity between your country and the United States.)
SEVIS Fee

F-1 students with an I-20 marked for “initial” attendance (see #3 on your I-20 form), will also need to pay the $200 SEVIS fee.

We recommend that you pay the fee online by following the instructions:

To Pay Online
(a) Find the Form I-901 at [www.fmjfee.com/index.jhtml](http://www.fmjfee.com/index.jhtml)
(b) Complete the form online and write your Visa, MasterCard or American Express information. IMPORTANT: write your name exactly how it appears on your I-20 form.
(c) Print a copy of the online receipt.
(d) Make copies of your receipt, and keep it with your other important immigration documents.

If you are not able to pay online, you must follow the “Pay By Mail” instructions below.

To Pay By Mail
(a) Get a Form I-901 “Fee Remittance for Certain F, J, and M Nonimmigrants.”
   • Download the form from [www.FMJfee.com](http://www.FMJfee.com)
   OR
   • Contact the Center for International Programs at SUNY New Paltz to request the form
   OR
   • Ask for the form by phone at 1-800-870-3676 (only inside the U.S.)
(b) Complete the Form I-901. Write your name exactly how it appears on your I-20 form.
(c) Prepare a check, international money order or foreign draft (drawn on U.S. banks only*) in the amount of $200 USD, made payable to “The Department of Homeland Security, Immigration and Customs Enforcement.”
(d) Mail the completed I-901 and payment to the address listed on Form I-901.
(e) A Form I-797 receipt confirmation letter should be mailed within 3 days of processing the fee. Make copies of this receipt letter, and keep it with your other important immigration documents.

You must bring the receipt of fee payment with you to the interview.

If you are transferring schools, extending your program, applying for an F-2 dependent visa, or have paid this fee and been denied a visa within the last twelve months, you do not need to pay the $200 SEVIS fee.

*Many foreign banks are able to issue checks or money orders drawn on a U.S. bank. You may therefore obtain a check from: 1) a bank chartered or operated in the United States; b) a foreign subsidiary of a U.S. bank, or c) a foreign bank that has an arrangement with a U.S. bank to issue a check, money order, or foreign draft that is drawn on a U.S. bank.*
The Visa Interview

Arrive at your interview early and answer all the Visa Officer’s questions to you openly and honestly. Prepare and bring the following to your visa interview:

(a) A passport valid for at least six months
(b) Form I-20 (from SUNY New Paltz)
(c) School admission letter
(d) Confirmation page with barcode of the DS-160. This is the receipt of online submission of the application
(e) Two 2” x 2” (51x51mm) photographs in the prescribed format (unless these were uploaded with the online visa application)
(f) A receipt for the visa application fee
(g) A receipt for the SEVIS fee. If you have not received an official receipt in the mail showing payment and you paid the fee electronically, the consulate will accept the temporary receipt you printed from your computer. If you do not have a receipt, the consulate may be able to see your payment on the computer if your fee payment was processed at least 3 business days before your interview.
(h) Financial documents that show you have enough funds to cover your tuition and living expenses during the period you intend to study. If you have a sponsor, you must bring the support letter and bank statement of your sponsor.
(i) Any information that proves you will return to your home country after finishing your studies in the U.S. F-1 student status is for a temporary ‘non-immigrant’ stay in the United States. You may need to prove that you will return to your home country by showing personal and professional ties to your community, for example, proof of property (original documents of ownership required), or family (residing in your home country). Students may have problems documenting their plan to return home if:
   i. They have previously stayed in the United States longer than permitted.
   ii. They have many close family members living in the United States.
   iii. They are not able to clearly explain why they plan to study in the United States and then return home.
   iv. They are from a country where many students have not returned home after studying in the United States.
(j) If any of these are true for you, ask yourself the following questions:
   What major am I planning to study in the United States? How can I use the knowledge I learn when I return home? What kind of jobs will be available to me when I return to my home country? What personal/family ties do I have at home? Do I have close relatives, etc? What other personal, professional and financial reasons do I have to return home?

Please Let Us Know

when your visa is approved, or if you experience a delay. We can contact the U.S. Embassy on your behalf.

If you have any questions, please contact International Student Programs at international@newpaltz.edu or call 845-257-3595.
MEDICAL CARE & STUDENT HEALTH ISSUES

Important

You must send your completed Pre-Enrollment Health Report and Physician’s Certificate form to the Student Health Center BEFORE you come to the U.S.

If your form has not been sent, you could have problems registering for classes.

Make a copy of your health report and send it to the Student Health Center via the email provided on the form. Carry the original with you when you come to New Paltz with your other important documents.

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HEALTH REPORT AND PHYSICIAN’S CERTIFICATE

RETURN TO:
Student Health Services, SUNY New Paltz, 1 Hawk Drive, New Paltz, New York 12561-2443
Fax: (845) 257-3415

Banner Id# [__________]
Student Name: __________________________________________________________________________
Date of Birth: __________________________________________________________________________

HEALTH INFORMATION FOR STUDENTS, PARENTS, AND PHYSICIANS

HEALTH REPORT AND PHYSICIAN’S CERTIFICATION OF IMMUNIZATIONS. The completed form should be mailed or faxed to the office indicated above. This form should be on file at least one month before a student’s arrival to campus.

MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all students at New Paltz enrolled for at least six (6) semester hours must complete the following:

Check one box and sign below after reading the information about meningococcal meningitis disease. To access this information, go to www.newpaltz.edu/healthcenter/ and click on “Forms,” then click on “Meningococcal Disease Fact Sheet.”

☐ Had the meningococcal meningitis immunization within the past 10 years.
Date received: __________________________

☐ Read, or have had explained to me, the information regarding meningococcal meningitis disease.
I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signed: __________________________________________________________________________
Date: __________________________________________________________________________

To be completed and signed by parent/guardian if student is a minor.

CONSENT FOR MEDICAL CARE: To the Parents/Guardians of Applicants Under 18 Years of Age Only

In order to procure any necessary medical care and to protect the clinicians and institutions involved, please sign the consent for medical treatment below. Be assured that we make every effort to notify parents at once in case of major injuries or serious illnesses.

I (print full name) ______________________________________, pursuant to the authority vested in me as the parent/guardian of (student’s full name) ______________________________________ do hereby authorize the clinical staff at SUNY New Paltz’s Student Health Services to provide routine medical care to my son/daughter. This care may include treatment of common illnesses, physical examinations for sports preparation, ordering of laboratory tests, prescribing of medications and the administration of immunizations to meet New York State immunization requirements. Furthermore, I do hereby authorize the clinical staff at New Paltz to seek emergency medical care from outside the clinicians if they feel it is necessary.

I understand that if my/son daughter participates in intercollegiate athletics, information about his/her medical condition and/or insurance coverage may need to be shared with the athletic training staff in order to ensure his/her safe participation in athletics. Any medical information not directly related to athletic participation will be kept confidential. My signature below includes authorization to release information to the athletic training staff as outlined above.

I understand I am free to withdraw this consent, in writing, at any time.

Signed: __________________________________________________________________________
Date: __________________________________________________________________________
**International Student Health Insurance**
All international students are required to purchase the State University of New York Health Insurance Policy. We do not accept applications for a waiver of the insurance requirement.

The United States system of medical care may be different from that of your home country. In the U.S., you must pay for medical services yourself; there is no national health insurance and you cannot afford to be without medical insurance. For this reason, the University requires all full-time students and strongly urges all dependents, to purchase the SUNY Student Health Insurance in order to provide you with adequate medical insurance.

Most insurance policies purchased abroad are not comparable to the SUNY New Paltz insurance policy and do not provide adequate medical coverage. The University health insurance provides a comprehensive range of medical services up to US$200,000 including emergency care, diagnostic tests, and hospitalization and it covers pre-existing conditions.

**Student Health Service**
Please note that the International Student Health Insurance is separate from the Student Health Center here on campus. The Student Health Center provides general health care for New Paltz students while the college is in session and promotes all aspects of maintaining good health, including prevention, mental health, and education. The Student Health Center may also provide you with a referral to a specialist that accepts the international student health insurance if you need to see a doctor off campus. When the Center is closed, on-call physicians are available.

**Health Report And Immunization Record**
Before coming to the U.S., all students must mail their completed Pre-Enrollment Health Report and Physician’s Certificate form to the Student Health Center. This form is included in this packet and can also be downloaded at the website: [www.newpaltz.edu/healthcenter/2013hrwelcomeattention.pdf](http://www.newpaltz.edu/healthcenter/2013hrwelcomeattention.pdf).

This form must be on file at the Student Health Center before the start of the academic term, otherwise, you will not be able to register for classes. Note that Health Center records are confidential and information from a student’s chart will not be released without proper authorization. If the Pre-Enrollment Health Report and Physician’s Certificate form has not been submitted to the Student Health Center, it is harder for the health professionals to treat you if they do not have your medical history on file.

**Spouse/Family Health Care**
It is extremely important to have health insurance for your spouse and children who will accompany you. Health insurance for your dependents may be purchased through the University at additional cost, or, alternatively, through private insurance companies which provide coverage for international students and their dependents. The University Health Insurance policy must be purchased within 30 days of your family’s arrival in the United States. If you and your dependents are in J-1/J-2 immigration status, you are all required to have a comprehensive health insurance policy in order to maintain your immigration status. Because of the high cost of family health insurance, plan to pay for health insurance for your family.
LIVING ON CAMPUS: OFFICE OF RESIDENCE LIFE

The State University of New York at New Paltz Residence Life Program strives to enhance each resident student’s university experience by providing a variety of participatory opportunities for personal development through creating a purposeful living-learning environment which fosters leadership development, citizenship, and civility, while embracing the celebration and understanding of diversity. With close to 3,000 students residing on campus, residence hall living can be an exciting education in itself. As a residence hall student you will meet students from the United States and around the world and develop a network of close friends. For a significant period of time our students form a community that will affect the course of their individual futures.

Below you will find general information about the office of Residence Life. Additional information about Residence Life can also be found on their Website at: www.newpaltz.edu/reslife/

Residence Hall License
With high demand for on-campus accommodation, international students must apply early if they wish to secure a place on campus. Included in your materials, you will find a Residence Hall License. This is both a request for on-campus housing and an agreement on the part of students to abide by the rules of Residence Life. Please read and carefully complete the attached form before returning it to International Student Programs.

Please note that first year undergraduate students are required to live on campus for the first full year.

Please note, if you sign the Residence Hall License, a room will be reserved for you and you will be required to live in this room for the entire academic year or, if you will only study at New Paltz for one semester, you must stay in this room for the full semester.

Any request for a change must be made in writing to the Director of Residence Life. Please carefully consider your decision before submitting the Residence Hall License.

Residence Hall Information
There are 14 residence halls on the New Paltz Campus. All are centrally located to campus classrooms, laboratories and the library, as well as the village of New Paltz. The variety of residence halls allows students to choose different types of living arrangements. The university does not offer single occupancy rooms. All buildings offer a number of student oriented facilities and services including a laundry room, a main lounge, a study lounge, a television lounge and a resident kitchen. All rooms have a computer internet connection and telephone outlet.

Please note: Bed linens, pillows and towels are not provided in the dormitories. Students can either bring their own or buy them during orientation.

For specific hall information, see the following link: www.newpaltz.edu/reslife/halls.html
Meal Plans
All students who live in residence halls are required to have a meal plan. See the following website for more information: [www.newpaltz.edu/cas/mealplan.html](http://www.newpaltz.edu/cas/mealplan.html)

10-Month Hall
Some residence halls are open over the winter and spring breaks. All other halls close during that time and students must find another place to stay. **International students are strongly encouraged to request a 10-month hall.** Residence hall costs only cover the academic year (when classes are in session). There is an additional charge to remain in these halls during the winter break.

For information about 10-Month Halls, see the following website: [www.newpaltz.edu/reslife/housing.html](http://www.newpaltz.edu/reslife/housing.html)

Summer Housing
A residence hall is open during the summer session for students who are enrolled in academic and English as a Second Language courses. Students must apply in advance to live on campus during the summer session.
PAYING FOR YOUR EDUCATION

at SUNY New Paltz

The following information is provided to help you pay for tuition, fees and living expenses, including residence hall charges and meal plans, while you are a student at SUNY New Paltz. You will receive a final bill after you have registered, but an estimate of your expenses is available from Student Accounts. Any increases in tuition and fees will be updated on the student accounts website at:
www.newpaltz.edu/student_accounts/

The university will not mail a printed bill to you. Instead, this information will be available electronically after you have registered and during orientation. Specific questions may be directed to the Office of Student Accounts at 845-257-3150 or by fax: 845-257-3495. You may also find helpful information on the Student Accounts website.

Payment in full is due on or before the first day of classes.

You Have Several Payment Options

1. **Cash or Travelers Check**  
   Travelers Checks are recommended.

2. **Personal Check**  
   Must be in US$ drawn on a bank with a United States branch.

3. **Credit Card**  
   If you choose this method, keep in mind that some credit cards have per day or per week limits on the amount you may charge. If your credit card limits you to $1,000 per day and you must pay a total of $4,000, you may need to come to the Office of Student Accounts four times to pay your total bill.

4. **Time Payment Plan**  
   This program allows you to spread out your payments over the course of the semester. Additional information is available on the Student Accounts website: www.newpaltz.edu/student_accounts.

5. **International Wire Transfer**  
   This may be completed before you arrive on Campus. You will need to contact your bank in your home country to request specific information about fees and procedures for transferring money to the United States. Once you have contacted your bank, notify the Office of Student Accounts that you will be sending a wire transfer and request the Routing Number and Swift Code. You may contact them by telephone at 845-257-3150 or by e-mail at stuacct@newpaltz.edu. Please be sure to include your name on the wire transfer.

6. **Peer Transfer** ([www.peertransfer.com](http://www.peertransfer.com))  
   This allows students to initiate the transfer of funds in the currency of their choice. Peer Transfer then converts the currency into U.S. dollars and deposits the payment directly into the college’s account. There is a fee charged for this service. Please contact Student Accounts for more information.

If you have any questions, please contact the Office of Student Accounts at 845-257-3150.
ESTIMATED COST of
TUITION AND LIVING EXPENSES
Spring Semester 2018 · January 22–May 17, 2018

Undergraduate Student – full time

Tuition .................................................................$8,160.00
Health Insurance ...............................................$825.30
University Fees ...............................................$652.50
Room and Board .............................................$6,440.00
Books* ..............................................................$500.00
Personal Expenses* ........................................$1,500.00
Orientation Fee (first semester only)* .................$100.00

English As A Second Language Student – full time

Tuition .................................................................$5,400.00
Health Insurance ...............................................$825.30
University Fees ...............................................$652.50
Room and Board .............................................$6,440.00
Books* ..............................................................$180.00
Personal Expenses* ........................................$1,500.00
Orientation Fee (first semester only)* .................$100.00

Tuition and fees are subject to change.

Art studio or lab courses may incur extra fees for materials.
Students are responsible for these charges.

* These charges are estimates only.
Current charges are updated on the Student Accounts website at:
www.newpaltz.edu/student_accounts
TRAVEL TO NEW PALTZ

By Air

Stewart Airport (Newburgh, New York)
This is the closest airport to New Paltz. Students arriving from Asia via American or United Airlines will find this airport convenient. Taxi service via A-1 Transportation Inc., Tel: 845-473-7600 (24 hours a day) is available to the campus for approximately $50.

Directions to New Paltz from New York area airports
If you do not use our airport pick-up service (see enclosed form on page 19).

- **JFK Airport**
  Take Airtrain to Jamaica Station. (You pay $5 when you EXIT).
  At Jamaica Station, take the E subway (Cost $7.50 to ride the subway) to the ‘Port Authority Bus Terminal’ in Manhattan.
  OR
  Take the New York Airport Transport Bus ($18) to the ‘Port Authority Bus Terminal’ in Manhattan. For more information, visit: www.nyairportservice.com/fares.html

- **LaGuardia Airport**
  Take the New York Airport Transport Bus ($15) to the ‘Port Authority Bus Terminal’ in Manhattan.

- **Newark**
  Take New Jersey Transit Bus ($15) to the ‘Port Authority Bus Terminal’ in Manhattan.
  OR
  Take the Airtrain to the Newark International Train station and the NJ transit or Amtrak train to Manhattan. For more information, visit: www.panynj.gov/airports/ewr-airtrain.html

Once you arrive at the Port Authority Bus Terminal from the airport, take the Adirondack Trailways Bus ($22) to New Paltz. Buses run to New Paltz every 1–2 hours, until 11:30 p.m.

In New Paltz a local taxi will take students from the bus station to SUNY New Paltz campus for about $5.

- New Paltz Taxi, Tel: 845-255-1550 (runs 7 days/week from 10 a.m.–2 a.m.).
- Joey’s Taxi Company, Tel: 845-255-8294 or 845-691-5639.
  OR
  It is about a 10 minute walk; you can ask directions at the bus station.
**By Car Service**

**Limousine Services To New Paltz**

Students who are planning to travel to SUNY New Paltz in a group may want to reserve a limousine to take them from the airport directly to SUNY New Paltz. Reservations can be made in advance by contacting the airport service directly.

**All Transportation**

800-525-2306  
[www.alltrans.net](http://www.alltrans.net)

All Transportation provides door-to-door service for groups and individuals. In order to arrange a pickup from the airport, please notify them at least two days before your arrival and give complete flight information. You may call (800) 525-2306 to make a reservation or reserve online at [www.alltrans.net](http://www.alltrans.net). This service accepts major credit cards such as American Express, MasterCard, Discover, Diners Club and Visa.

**Premiere Transportation**

1-800-772-2172  

There is a direct shuttle bus service to/from New Paltz to/from JFK or LaGuardia. The shuttle picks up at the Plaza Diner in town. From there it is only a short cab ride to campus. Passengers need to make a reservation first. The shuttle is only available once a day.

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**TEMPORARY STAY IN NEW PALTZ**

If you should arrive before the residence halls open and need temporary housing, you may want to contact one of the following motels* that are convenient to the campus:

**America’s Best Value Inn**
Tel: 845-255-8865  
[www.americasbestvalueinn.com](http://www.americasbestvalueinn.com)

**New Paltz Hostel**
Tel: 845-255-6676  
[www.newpaltzhostel.com](http://www.newpaltzhostel.com)

**Hampton Inn by Hilton**
Tel: 845-255-4200  
[www.hamptoninn3.hilton.com](http://www.hamptoninn3.hilton.com)

* Fees are subject to change without notice.  
*Taxes in New Paltz are 8%*
Please let us know your plans for the Spring 2018 term by checking (✓) the relevant box or boxes below:

☐ I was accepted to SUNY New Paltz for SPRING 2018 ☐ FALL 2018

☐ I wish to reserve a Residence Hall room on campus. I am enclosing my completed Residence Hall License.

☐ I will be living off-campus and have made my own housing arrangements.

☐ I will contact admission/ESL about re-applying to a later semester.

☐ I will not attend SUNY New Paltz and am returning my I-20.

If you plan to attend SUNY New Paltz this semester, please fax or e-mail the following forms to International Student Programs:

→ Residence Hall License
→ Attendance Response Form
→ Airport pick-up form

We look forward to hearing from you soon and meeting you at new international student orientation!

_____________________________________________  __________________________
Print Name   Student ID Number

______________________________________________________ ________________________________
Signature   Date

______________________________________________________ ________________________________
E-mail   Telephone #

Please fax this document to the Center for International Programs at 845-257-3608 or e-mail to international@newpaltz.edu
Please check (✓) the relevant box or boxes:

I wish to reserve a room on campus beginning ☐ Spring 2018

Name: _______________________________________________________________________

Last Name            First Name

Date of Birth: ____ / ____ / ______  Student ID #: __________________________

Month Day Year

Gender: ☐ Male       ☐ Female

Program at New Paltz: ☐ English Language Program  ☐ Undergraduate

Do you object to a roommate who smokes? _____________ Do you smoke? _______________

Please note, if you sign this Residence Hall License a room will be reserved for you and, if you enter in the fall, you will be required to live in this room for the entire academic year (unless you will be in New Paltz for only one semester). If you will only study at New Paltz for one semester, you must stay in this room for the full semester. Any request for a change must be made in writing to the Director of Residence Life. Please carefully consider your decision before submitting the Residence Hall License.

In consideration of an assignment in a residence hall, I agree to pay SUNY New Paltz the posted room and board charges and I agree to the terms and conditions of occupancy specified in the Housing Handbook, individual Living Unit Rules, College Regulations, Policies of the Board of Trustees, all of which are incorporated herein by specific reference and made part of this agreement. (These documents are provided during new student orientation. If you would like to request a printed copy in advance of your arrival on campus, please contact the Center for International Programs.)

Student Signature __________________________________  Date ______________________

Home Address ___________________________________________________________________

Telephone Number ______________________  E-mail Address _________________________

Please fax or e-mail a copy of this Residence Hall License to International Student Programs by Thursday, November 16, 2017.

You will receive your room assignment during new international student orientation. You will not be able to move in until the official move in date of January 17, 2018.
THIS FORM DOES NOT GUARANTEE YOUR SEAT ON THE BUS.
YOU MUST VISIT THE ONLINE LINK SENT TO YOU IN RESPONSE TO
THIS REQUEST AND MAKE PAYMENT BY THE DEADLINE STATED.

The Center for International Programs can provide transportation to New Paltz for new students arriving at John F. Kennedy Airport (JFK) in New York. A chartered bus will meet students arriving on Wednesday, January 17, 2018 at JFK airport.

The bus will leave JFK airport at 6 p.m. When you make your travel plans, make sure your plane arrives at least 2 hours before the bus leaves JFK airport. You will need at least 2 hours to clear immigration and customs after your plane arrives at JFK airport.

We are unable to provide transportation to New Paltz at any other time. The cost of airport pick-up is $40. After submitting this form, you will be sent a link in a separate email where you can make payment and provide your flight details.

Please provide your information below. **Note that if your travel plans change, if you miss your flight, or if your flight is delayed for any reason and you are not able to arrive during the times specified, the bus WILL NOT wait for you. You will need to make other arrangements to travel to SUNY New Paltz.** Detailed information on travel to New Paltz by public transportation is provided with this packet.

Name:  ______________________________________________________
Student ID Number:  ______________________________________________________
E-mail Address:  ______________________________________________________
Arrival Date:  Wednesday, January 17, 2018

**FAX OR E-MAIL THIS COMPLETED FORM** to the Center for International Programs at 845-257-3608 or international@newpaltz.edu **no later than December 14, 2017.**

You will receive an e-mail from SUNY New Paltz approximately one week before the scheduled arrival date with detailed information regarding pick up. Please notify the Center for International Programs of any changes in your travel plans.

**We look forward to meeting you on January 17, 2018!**
Please complete, scan the document and email it to: healthservice@newpaltz.edu
Bring the original form with you.

Banner Id#

Student Name: ___________________________________________ Date of Birth: ____________________________

HEALTH INFORMATION FOR STUDENTS, PARENTS, AND PHYSICIANS

HEALTH REPORT AND PHYSICIAN’S CERTIFICATION OF IMMUNIZATIONS. The completed form should be mailed, faxed or emailed to the office indicated above. This form should be on file at least one month before a student's arrival to campus.

MENINGITIS VACCINATION RESPONSE FORM

New York State Public Health Law requires that all students at New Paltz enrolled for at least six (6) semester hours must complete the following:

Check one box and sign below, after reading the information about meningococcal meningitis disease. To access this information, go to www.newpaltz.edu/healthcenter/ and click on “Forms”, then click on “Meningococcal Disease Fact Sheet.”

☐ Had the meningococcal meningitis immunization within the past 10 years.
   Date received: __________________________

☐ Read, or have had explained to me, the information regarding meningococcal meningitis disease.
   I understand the risks of not receiving the vaccine. I have decided that I (my child) will not obtain immunization against meningococcal meningitis disease.

Signed: ___________________________ Date: ___________________________

To be completed and signed by parent/guardian if student is a minor.

CONSENT FOR MEDICAL CARE: To the Parents/Guardians of Applicants Under 18 Years of Age Only

In order to procure any necessary medical care and to protect the clinicians and institutions involved, please sign the consent for medical treatment below. We make every effort to notify parents/guardians in case of major injuries or serious illnesses.

I (print full name) ___________________________, pursuant to the authority vested in me as the parent/guardian of (student’s full name) ___________________________, do hereby authorize the clinical staff at SUNY New Paltz's Student Health Service to provide routine medical care to my son/daughter. This care may include treatment of common illnesses, physical examinations for sports preparation, ordering of laboratory tests, prescribing of medications and the administration of immunizations to meet New York State immunization requirements. Furthermore, I do hereby authorize the clinical staff at New Paltz to seek emergency medical care from outside the clinicians if they feel it is necessary.

I understand that if my/son daughter participates in intercollegiate athletics, information about his/her medical condition and/or insurance coverage may need to be shared with the athletic training staff in order to ensure his/her safe participation in athletics. Any medical information not directly related to athletic participation will be kept confidential. My signature below includes authorization to release information to the athletic training staff as outlined above.

I understand I am free to withdraw this consent, in writing, at any time.

Signed: ___________________________ Date: ___________________________
TO BE COMPLETED BY STUDENTS AND PARENTS:

DEMOGRAPHICS:
Student Name: ____________________________

Address: __________________________________________ Street: __________ City: __________ State: __________ Zip Code: __________ Country:

Cell Phone: ____________________________ Other Phone: ____________________________

Parent or Guardian: ____________________________ Relationship: ____________________________

Address: __________________________________________

Cell Phone: ____________________________ Work Phone: ____________________________ Home Phone: ____________________________

Primary Health Provider: ____________________________ Years under their care: ____________________________

Address: __________________________________________ Phone: ____________________________ Fax: ____________________________

Emergency Contact if Other Than Parent or Guardian:

Person: ____________________________ Relationship: ____________________________

Address: __________________________________________

Cell Phone: ____________________________ Work Phone: ____________________________ Home Phone: ____________________________

Insurance Information:

Primary Insurance Company Name: __________________________________________

Member ID: ____________________________ Group: ____________________________

Insurance Company Address: __________________________________________

City: __________________________________________ State: __________ Zip Code: __________

Policy Holder: ____________________________ Student Relationship to Insured: □ Dependent □ Self □ Spouse

HEALTH HISTORY:

Do you plan to participate in varsity athletics? □ Yes □ No

Diseases in parents and grandparents: eg. Diabetes, Hypertension, Arthritis, Cancer, Heart Disease, Depression, etc:

Diseases in student: check box if history of this condition exists in student:

<table>
<thead>
<tr>
<th>Infectious Disease</th>
<th>Chronic Medical Disorders</th>
<th>Neurologic/Psychiatric Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Chicken Pox</td>
<td>☐ Diabetes</td>
<td>☐ Head Injury/Concussion</td>
</tr>
<tr>
<td>☐ Frequent Respiratory Infections</td>
<td>☐ Seizure Disorder</td>
<td>☐ Emotional Disorder</td>
</tr>
<tr>
<td>☐ Mononucleosis</td>
<td>☐ Anemia</td>
<td>☐ Depression</td>
</tr>
<tr>
<td>☐ Positive TB Skin Test</td>
<td>☐ Sickle Cell Disease</td>
<td>☐ Anxiety</td>
</tr>
<tr>
<td>☐ Tuberculosis</td>
<td>☐ Heart Abnormality</td>
<td>☐ Attention Deficit Disorder</td>
</tr>
<tr>
<td>☐ Malaria</td>
<td>☐ Kidney Disease</td>
<td>☐ Eating Disorder</td>
</tr>
<tr>
<td>☐ HIV/AIDS</td>
<td>☐ Chronic Intestinal/Stomach Problem</td>
<td>☐ Hearing Deficit</td>
</tr>
<tr>
<td>☐ Hepatitis A, B, or C</td>
<td>☐ Arthritis</td>
<td>☐ Visual Deficit</td>
</tr>
<tr>
<td>☐ Pneumonia</td>
<td>☐ Respiratory Allergies</td>
<td>☐ Speech Deficits</td>
</tr>
<tr>
<td>☐ Sexually Transmitted Infection</td>
<td>☐ Hives</td>
<td>☐ Fainting</td>
</tr>
<tr>
<td>☐</td>
<td>☐ Asthma</td>
<td>☐ Alcohol/Drug Addiction</td>
</tr>
<tr>
<td>☐</td>
<td>☐ Cancer</td>
<td>☐ Migraine Headaches</td>
</tr>
<tr>
<td>☐</td>
<td>☐ Orthopedic Problems</td>
<td>☐ Learning Disabilities</td>
</tr>
</tbody>
</table>

Please clarify any positive responses and any medical problems not noted above:

__________________________________________

Severe Injuries: □ Yes □ No Explain: ____________________________

Operations: □ Yes □ No Explain: ____________________________

ALLERGIES: (Please Specify) □ None

Medicines: __________________________________________

Food: __________________________________________

Insect: __________________________________________

Student or Parent/Guardian Signature: ____________________________
TO BE COMPLETED BY STUDENT'S PRIMARY HEALTH PROVIDER:

Student Name: __________________________ Date of Birth: __________________________

Provider Name: __________________________
Address: __________________________ Fax: __________________________
Phone: __________________________

Please list any significant past or current medical, surgical, or psychiatric conditions:  ☐ None
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Please list any ongoing therapy, medications with dosages and directions:  ☐ None
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Please list allergies:  ☐ None  Medicines: __________________________________________
Dietary: __________________________________________  Environmental: __________________________________________

Date of Exam: __________  Height: ______  Weight: ______  BMI: ______  BP: ______  P: ______

Please list all abnormal findings of your history and physical exam: __________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________

Please use check off format to acknowledge obtaining history and performing physical exam while evaluating the organ systems below.

N = Normal  ABN = Abnormal  NE = Not Examined

**Systems:**

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>ABN</th>
<th>NE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Heart</td>
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<td></td>
</tr>
<tr>
<td>Blood vessels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatics</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal Organs</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ano Rectal Area (if indicated)</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic: Limbs</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedic: Limbs</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pelvic</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inguinal Canals</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Sickle Cell trait: Present  ☐  Absent  ☐  Unknown  ☐

**Lab:**

<table>
<thead>
<tr>
<th>Lab</th>
<th>N</th>
<th>ABN</th>
<th>Sediment (if indicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protein</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you recommend further evaluation?  ☐ Yes  ☐ No
Will you remain involved in this student's care?  ☐ Yes  ☐ No
Is this student able to participate in all physical activities including intercollegiate athletics?  ☐ Yes  ☐ No
Is this student able to meet the physical and emotional demands of college?  ☐ Yes  ☐ No

Provider Signature: __________________________
TO BE FILLED OUT BY STUDENT'S PRIMARY HEALTH PROVIDER OR PROVIDE COPIES OF PHYSICIAN DOCUMENTED IMMUNIZATION RECORDS:

REQUIRED IMMUNIZATIONS:

MMR (Measles, Mumps, Rubella) List two dates of vaccination:
1. ____________________ 2. ____________________
   M/D/Y M/D/Y
Two doses* (The 1st dose administered after the student's first birthday and the 2nd dose administered at least 1 month after the 1st dose)

OR

Measles 1. ____________________ 2. ____________________
   M/D/Y M/D/Y
Mumps ____________________ Rubella ____________________
   M/D/Y M/D/Y
Two doses* (as above) One dose after 1st birthday One dose after 1st birthday

OR

Date and result of blood test – demonstration of immunity

To  Measles ____________________ Mumps ____________________ Rubella ____________________
    Date and result    Date and result    Date and result

RECOMMENDED VACCINES:

Meningitis Menactra ____________________ Menomune ____________________ Menevo ____________________
   M/D/Y M/D/Y M/D/Y
If student refuses the meningitis vaccine direct them to the Meningitis Response Form on the front of their Health Report packet.

Hepatitis B 3 doses ____________________ ____________________ ____________________
            M/D/Y M/D/Y M/D/Y

Hepatitis A 2 doses ____________________ ____________________
            M/D/Y M/D/Y

Varicella 2 doses ____________________ ____________________
            M/D/Y M/D/Y
  ☐ Had Varicella Disease ____________________

Polio 3 doses minimum to complete series  ☐ Incomplete  ☐ Completed ____________________
       ☐ Incomplete  ☐ Completed ____________________

Tetanus/Diphtheria within 10 years prior to registration Td ____________________ or Tdap ____________________
            M/D/Y M/D/Y

HPV Vaccine 3 doses ____________________ ____________________ ____________________
            M/D/Y M/D/Y M/D/Y

TST (Tuberculin Skin Test):
(within 6 months if indicated, please refer to the Tuberculosis Screening sheet on page 5 of this form for indications)

☐ TST test given Placed: ____________________ Read: ____________________ Result: ____________________
   M/D/Y M/D/Y M/D/Y
(Record actual mm of induration, transverse diameter. If no induration, write “0”)

☐ Chest x-ray (required if tuberculin skin test is positive) Result: ☐ Normal  ☐ Abnormal
Please include copy of written chest x-ray report.

Provider Name: __________________________________________ Signature: __________________________________________
TUBERCULOSIS SCREENING

TST (Tuberculin Skin Test) *is required for international students from countries listed below.*

HIGH RISK COUNTRIES:
Afghanistan, Algeria, Angola, Argentina, Armenia, Azerbaijan, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, Colombia, Comoros, Congo, Cote d'Ivoire, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, Fiji, Gabon, Georgia, Ghana, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iran, Iraq, Japan, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia, Mongolia, Morocco, Mozambique, Myanmar, Namibia, Nauru, Nepal, Nicaragua, Niger, Nigeria, Niue, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, South Sudan, Sri Lanka, Sudan, Suriname, Swaziland, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela, Vietnam, Yemen, Zambia, Zimbabwe.

Is this student from one of these high risk countries?  ☐ Yes  ☐ No

Yes response requires a TST to be done.

Please record results on page 4 of this Health Report.

Does student have signs or symptoms of active disease?  ☐ Yes  ☐ No

Yes response requires a TST to be done.

(Unexplained cough greater than 2 weeks duration, unexplained fevers, chills, night sweats, weight loss, or swollen glands)

TST are required of students at risk for Tuberculosis exposure:

1. Students who have arrived within the past five years from countries where TB is endemic as listed above
2. Recent close contact with someone with infectious TB disease
3. Travel* to/in a high-prevalence area (countries noted above)
4. Fibrotic changes on a prior chest x-ray suggesting inactive or past TB disease
5. HIV/AIDS
6. Organ transplant recipient
7. Immunosuppressed (equivalent of > 15 mg/day of prednisone for > 1 month or TNF-α antagonist)
8. History of illicit drug use
9. Resident, employee, or volunteer in a high-risk congregate setting (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)
10. Medical condition associated with increased risk of progressing to TB disease if infected [e.g., diabetes mellitus, silicosis, head, neck, or lung cancer, hematologic or reticuloendothelial disease such as Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for the given population)]

* The significance of the travel exposure should be discussed with a health care provider and evaluated.

Is student a member of high risk group as defined above?  ☐ Yes  ☐ No

Yes response requires a TST to be done.

A history of BCG vaccination should no preclude testing of a member of a high-risk group.

Provider Name:  ___________________________  Signature:  ___________________________
NEW YORK STATE
International Student Programs
State University of New York at New Paltz
van den Berg Hall 201
1 Hawk Drive
New Paltz, NY 12561-2443
Telephone: 845-257-3595
Fax: 845-257-3608
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