



## Office of Admissions - New Student Checklist

Congratulations! Now that you have received your acceptance offer, there are a few things you need to do to prepare for enrollment at Tougaloo College. Be sure to keep track of your deadlines for enrollment confirmation, financial aid, and housing. Remember to contact the Office of Admissions with any questions at [admissions@tougaloo.edu](mailto:admissions@tougaloo.edu) or 601-977-7772

### 1. Confirm your Enrollment

Complete the “Intent of Enrollment Notification” form attached/included. Return the form to the address or e-mail address below within a week of receipt of the date of your acceptance letter.

Tougaloo College  
Office of Admissions  
500 West County Line Road  
Tougaloo, MS 39174  
[admissions@tougaloo.edu](mailto:admissions@tougaloo.edu)

### 2. Make Arrangements to Cover the Cost of Your Tougaloo College Education

Prior to attending classes at Tougaloo College, you must cover or make payment arrangements for the cost of your tuition and fees. To make payments or set-up payment arrangements, contact the Office of the Bursar located on the 1<sup>st</sup> floor of the Blackmon Administration Building by calling 601-977-7725 or e-mailing [jreed@tougaloo.edu](mailto:jreed@tougaloo.edu).

### 3. Apply for Housing

If you plan to reside on campus, complete the attached/enclosed “Housing Application” and return it to:

Tougaloo College  
Office of Residential Life  
500 West County Line Road  
Tougaloo, MS 39174  
[housing@tougaloo.edu](mailto:housing@tougaloo.edu)

### 4. Complete Medical Records

The attached/enclosed “Medical Record Form” must be completed and returned by **July 1<sup>st</sup> for Fall admission** or **January 1<sup>st</sup> for Spring admission**. You will not be allowed to register for courses without your completed medical records.

Tougaloo College  
Owens Health and Wellness Center  
500 West County Line Road  
Tougaloo, MS 39174  
[ohwc@tougaloo.edu](mailto:ohwc@tougaloo.edu)

### 5. Register for Enrollment Events

All confirmed students are encouraged to attend the enrollment events (Open House, New Student Orientation, etc.). Instructions and details about registration for these events will be e-mailed and mailed to you at the mailing and e-mail address that you provided on your application. Please be sure to contact the Office of Admissions if there are any changes to either address.



## Student Emergency Information Form

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number (Last 4 digits only) \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_ Allergies \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_  
First Middle Last

Parent/Guardian's Name \_\_\_\_\_  
First Middle Last

Permanent Address \_\_\_\_\_  
Street City State Zip Code

Emergency Contact Person \_\_\_\_\_  
First Middle Last

Emergency Contact Home Phone \_\_\_\_\_ Mobile Number \_\_\_\_\_

Student's Medical Insurance Company \_\_\_\_\_

Company/Claim Address \_\_\_\_\_  
Street City State Zip Code

Company Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Required for students 17 years old and younger)

☐

Please check this box if you are homeless.



## Tougaloo College Owens Health and Wellness Center MEDICAL RECORD FORM

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Date of Birth</b>
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<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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**Gender:** ☐ Male ☐ Female

**Marital Status:** ☐ Married ☐ Single ☐ Widow(er) ☐ Divorced

**Social Security Number:** \_\_\_\_\_ **U.S. Citizen:** ☐ Yes ☐ No **Religion:** \_\_\_\_\_

<b>Parent, Guardian, or Spouse Name (if applicable)</b>	<b>Cell Phone Number</b>
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**Have you had or do you have any of the following? All sections must be completed.**

**Infectious Diseases**

- |                          |   |
|--------------------------|---|
| <b>Yes</b>               | <b>No</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> AIDS/HIV Infection       |
| <input type="checkbox"/> | <input type="checkbox"/> Frequent Conjunctivitis  |
| <input type="checkbox"/> | <input type="checkbox"/> Chicken Pox              |
| <input type="checkbox"/> | <input type="checkbox"/> Meningitis               |
| <input type="checkbox"/> | <input type="checkbox"/> Infectious Mononucleosis |
| <input type="checkbox"/> | <input type="checkbox"/> Rheumatic Fever          |
| <input type="checkbox"/> | <input type="checkbox"/> Whooping Cough           |
| <input type="checkbox"/> | <input type="checkbox"/> Measles/Rubella          |

- |                          |   |
|--------------------------|---|
| <b>Yes</b>               | <b>No</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> Do you wear glasses?         |
| <input type="checkbox"/> | <input type="checkbox"/> Do you sleepwalk             |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have dental cavities? |

**Cardiovascular Diseases**

- |                          |  |
|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                                      |
| <input type="checkbox"/> | <input type="checkbox"/> High Blood Pressure   |
| <input type="checkbox"/> | <input type="checkbox"/> Mitral Valve Prolapse |
| <input type="checkbox"/> | <input type="checkbox"/> Angina Pectoris       |
| <input type="checkbox"/> | <input type="checkbox"/> Thrombophlebitis      |

**Hematologic Disorders**

- |                          |  |
|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                                    |
| <input type="checkbox"/> | <input type="checkbox"/> Anemia              |
| <input type="checkbox"/> | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> | <input type="checkbox"/> Leukemia            |
| <input type="checkbox"/> | <input type="checkbox"/> Hemophilia          |

**Digestive System Disorders**

- |                          |   |
|--------------------------|---|
| <b>Yes</b>               | <b>No</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> Gallbladder Diseases     |
| <input type="checkbox"/> | <input type="checkbox"/> Ulcerative Colitis       |
| <input type="checkbox"/> | <input type="checkbox"/> Crohn's Disease          |
| <input type="checkbox"/> | <input type="checkbox"/> Frequent Indigestion     |
| <input type="checkbox"/> | <input type="checkbox"/> Irritable Bowel Syndrome |
| <input type="checkbox"/> | <input type="checkbox"/> Hemorrhoids              |
| <input type="checkbox"/> | <input type="checkbox"/> Gastritis                |
| <input type="checkbox"/> | <input type="checkbox"/> Hepatitis/Jaundice       |
| <input type="checkbox"/> | <input type="checkbox"/> Peptic Ulcer Disease     |

**Metabolic/Endocrine Disorders**

- |                          |  |
|--------------------------|--|
| <b>Yes</b>               | <b>No</b>                                |
| <input type="checkbox"/> | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> | <input type="checkbox"/> Obesity         |
| <input type="checkbox"/> | <input type="checkbox"/> Goiter          |
| <input type="checkbox"/> | <input type="checkbox"/> Thyroid Disease |

**Urinary Track Disorders**

- |                          |  |
|--------------------------|--|
| <b>Yes</b>               | <b>No</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> Frequent Urinary Tract Infections |
| <input type="checkbox"/> | <input type="checkbox"/> Kidney Stones                     |
| <input type="checkbox"/> | <input type="checkbox"/> Pyelonephritis                    |

**Nervous System Disorders**

- |                          |   |
|--------------------------|---|
| <b>Yes</b>               | <b>No</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> Epilepsy                   |
| <input type="checkbox"/> | <input type="checkbox"/> Frequent headaches         |
| <input type="checkbox"/> | <input type="checkbox"/> Glaucoma                   |
| <input type="checkbox"/> | <input type="checkbox"/> Dizziness/Fainting Spells  |
| <input type="checkbox"/> | <input type="checkbox"/> Hay Fever                  |
| <input type="checkbox"/> | <input type="checkbox"/> Allergies (Food, Medicine) |
| <input type="checkbox"/> | <input type="checkbox"/> Sleep Disorders            |
| <input type="checkbox"/> | <input type="checkbox"/> Alcohol/Drug Addition      |
| <input type="checkbox"/> | <input type="checkbox"/> Visual Problems            |

If yes, describe:

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**Are you allergic to any medicine?** If yes, please list:

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**Yes**

☐☐☐

**No**

☐ Do you live with someone who has Tuberculosis?

☐ Are you taking medication for Tuberculosis?

☐ Have you ever taken medication for Tuberculosis?

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Are there any other health conditions for which you are or were under a doctor's care? \_\_\_\_\_

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**Yes**

☐

**No**

☐ Have you ever consulted or been treated by a psychiatrist? If yes, list the name and address of the physician.

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**Yes**

☐

**No**

☐ Have you ever been a patient in a mental hospital or sanitarium?

*I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.*

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Signature

Date



**Tougaloo College Owens Health and Wellness Center**  
**SUPPLEMENTAL MEDICAL RECORD FORM**

Student's Name \_\_\_\_\_

1. Do you have any allergies? Please List. \_\_\_\_\_

If yes, what medicine(s) do you take? \_\_\_\_\_

2. Have you ever been told that you have diabetes? ☐ Yes ☐ No

3. Have you ever been told that you have hypertension (high blood pressure)? ☐ Yes ☐ No

If yes, what medicine do you take to treat high blood pressure? \_\_\_\_\_

4. Have you been told that you have Sickle Cell Anemia? ☐ Yes ☐ No

5. Do you wear a BRACE on your shoe, knee, back, etc? ☐ Yes ☐ No

6. Have you ever had seizures? ☐ Yes ☐ No

If yes, what medicine do you take to treat seizures? \_\_\_\_\_

7. What medicine(s) do you take that require a prescription? \_\_\_\_\_

\_\_\_\_\_

8. What medicine(s) do you take that do not require a prescription? \_\_\_\_\_

\_\_\_\_\_

9. Have you ever had surgery? ☐ Yes ☐ No If yes, please list the type and date of each surgery.

\_\_\_\_\_

\_\_\_\_\_

10. Do you have medical insurance (i.e., Medicaid, Blue Cross/Blue Shield, etc.)? ☐ Yes ☐ No

If yes, provide insurer name, address, and insured ID number \_\_\_\_\_

\_\_\_\_\_



## Intent of Enrollment Notification

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First Name

Middle Name

Last Name

### **Acceptance of Enrollment**

- ☐ I have made the decision *to* attend Tougaloo College and plan to enroll as a full-time student during **Fall 2022** semester of the **2022-2023** academic year.

**I have submitted the Free Application for Federal Student Aid (FAFSA)**

- ☐ Yes  
☐ No

**If not, how do you plan to finance your education?** \_\_\_\_\_

### **Defer Enrollment**

- ☐ I would like to defer enrollment to upcoming semester:

- ☐ Fall of \_\_\_\_\_ (year)  
☐ Spring of \_\_\_\_\_ (year)  
☐ Summer of \_\_\_\_\_ (year)

### **Decline Enrollment**

- ☐ I will not be attending Tougaloo College because:

- ☐ I have accepted admission at another college or university.  
☐ I am unable to attend at this time due to financial reasons.  
☐ I am unable to attend due to my current work schedule.  
☐ Other \_\_\_\_\_

*I understand that enrollment is dependent upon satisfactory completion of current academic work and receipt of all final academic transcripts.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Dear Eaglet,

Welcome to Tougaloo College! Upon entry to campus, health documentation must be submitted. To provide these services in compliance with Mississippi (MS) state law and regulating bodies and to ensure the safety of the Tougaloo College campus community, all enrolled students must submit the following health documents:

1. **Proof of COVID-19 Vaccine:** The COVID-19 vaccine is required for all students. Proof must be e-mailed to [ohwc@tougaloo.edu](mailto:ohwc@tougaloo.edu) by Monday, August 1, 2022.
2. **Proof of Negative PCR COVID-19 Test:** Proof of a **negative PCR COVID-19 test** must be e-mailed to [ohwc@tougaloo.edu](mailto:ohwc@tougaloo.edu). The mandatory test and result dates are as follows:  
**Student Leaders/Athletes** - Test must be taken in the timeframe of July 29 – August 2, 2022. Results must be e-mailed by Wednesday, August 4, 2022.

**All returning students** - Test must be taken in the timeframe of August 4-8, 2022. Results must be e-mailed by Wednesday, August 10, 2022.

3. **Vaccination Record:** Each student must provide documentation of up-to-date vaccination and/or immunization, as required, for the following:
  - a. Influenza (Flu): **Required for all students.**
  - b. Measles, Mumps, and Rubella (MMR) [2 doses]: **Required for all students.** You may be exempt, if:
    - i. You are or suspect that you are pregnant. The measles and rubella vaccines are not required for women who are pregnant; or
    - ii. You have a medical contraindication; or
    - iii. You were born prior to 1957. A valid government-issued ID is required.

A valid certificate of medical exception from a health provider is required.

- c. Meningococcal B (Meningitis): Advised, but not required.
- d. Tetanus, Diphtheria, Pertussis (Tdap): Advised, but not required.

- e. Tuberculosis (TB): **Required for all international students** – proof of test screening for TB by chest X-ray and interferon gamma release assays (IGRA), performed in the United States by an OHWC-approved health care provider, **no more than six weeks prior to the starts of classes**.

Proof of vaccination and/or immunization may be provided on the *Certification of Immunization Compliance Form-121*, issued by your respective State Department of Health clinic or private clinic. You may retrieve your Form-121 electronically, if you received your immunizations in the State of MS, by going to [www.myirmobile.com](http://www.myirmobile.com) to access the MS State Department of Health My Immunization Records and Forms Online webpage.

Students may receive some or all of these vaccinations and the screening, *based on age*, at the Tougaloo College campus clinic. Students may, instead, elect to receive vaccinations at the nearest State Department of Health clinic or a private clinic within the United States, prior to class start. The costs of these vaccinations and screening will be incurred by the student.

4. **Emergency Information Form: Required for all students.** The “Emergency Information Form” (also attached/enclosed).
5. **Physical Examination Record: Required for all athletes.** If you are a member of a Tougaloo College athletic team, you must have a physical examination completed by a licensed physician prior to beginning each academic year. Your examining physician will provide this completed, signed form to you, which must be submitted with your vaccination record to the OHWC or separately to the Department of Athletics.

To avoid a delay in attending Fall 2022 classes, submit all required documents on or before **the required due dates** to:

Ms. Shalonda Coleman  
Health Educator  
Owens Health and Wellness Center  
500 West County Line Road  
Tougaloo, MS 39174  
[ohwc@tougaloo.edu](mailto:ohwc@tougaloo.edu)

If you have questions, please, call 601-977-6137.

Sincerely,

*Gary L. Anderson, II*

Gary L. Anderson, II, MAT  
Assistant Director





# Housing Application

*Love Where You Live and Learn*

## Office of Residential Life

Complete and Return by Priority Dates: April 15 (Fall) or November 1 (Spring)

Please answer all questions so that your preferences are communicated accurately. **A housing assignment does not guarantee, nor does it imply, admission to Tougaloo College.** Freshmen females reside in Renner Hall. Freshmen males reside in the A. A. Branch. Upper-class females can reside in New Women or Berkshire B. Upper-class males reside in Berkshire A or AA Branch. If you are a sophomore or above, please indicate which building you would like to reside in under 'special accommodations'. Every effort will be made to honor your preferences. Priority is established based on the receipt date of the housing application. The housing application must be received in the Office of Residential Life to receive an official housing assignment. For questions, contact the Office of Residential Life at 601-977-7819.

**Application for:** ☐ Fall Semester Only ☐ Spring Semester Only ☐ Both Semesters

Personal Information: (please print)			
Name	Last Name	First Name	Middle Name
Address		Student ID (If Applicable)	
City, State, Zip		Date of Birth, Age	
Home Phone		Gender	(Check one) <input type="checkbox"/> Female <input type="checkbox"/> Male
Cell Phone		Intended Major	
Email			

Roommate Preference:			
Name	Last Name	First Name	Middle Name
Address			
City, State, Zip		Date of Birth, Age	
Home Phone		Cell Phone	
Email			

### Enrollment Status

- ☐ First-Year ☐ Readmit  
☐ Transfer ☐ Exchange

### Class Standing

- ☐ Freshman ☐ Junior  
☐ Sophomore ☐ Senior

### Special Accommodations

\_\_\_\_\_  
 \_\_\_\_\_

- ☐ I understand that I may be assigned a different roommate if: (1) my preferred roommate cancels his/her application after an assignment is made; (2) my preferred roommate does not apply for housing or does not request me as a preferred roommate; or (3) my preferred roommate requests a change.
- ☐ I understand that if I do not check in or call the Director of Residential Life within 72 hours of the opening of school my housing reservation will be cancelled.
- ☐ I understand that my application will be processed upon the receipt of my \$50 nonrefundable deposit.
- ☐ I understand that my room assignment is based on my enrollment status.
- ☐ I certify that all information provided on this application is true.

*Please note:*

- Fees are subject to change without prior notice.
- All residential students are automatically enrolled in the meal plan.
- All residence halls are smoke and alcohol free.

Signature \_\_\_\_\_

### Office Use Only

Date Received \_\_\_\_\_

Residence Hall \_\_\_\_\_

Room Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

### TC1869

Private/Single rooms can be requested to your hall coordinator **after** the semester registration period based on availability and on a first-come, first-serve basis (an additional fee will be assessed).