



REQUIRED FORMS

The following forms must be completed and returned by the date indicated. We encourage you to keep a copy of each form for your records.

PLEASE RETURN ALL FORMS TO THE ADDRESS BELOW

<u>Form Name</u>	<u>Return To</u>	<u>Date Due</u>
------------------	------------------	-----------------

DUE JUNE 30, 2009

Family Information Form	W&L First-Year Program	June 30, 2009
Information for Faculty Adviser	W&L First-Year Program	June 30, 2009
News Office Hometown Release (optional)	W&L First-Year Program	June 30, 2009
Religious Preference Form (optional)	W&L First-Year Program	June 30, 2009

DUE AUGUST 1, 2009

Medical Documentation for Special Housing Requests	W&L Health Center	August 1, 2009
Report of Medical History & Physical Examination/Immunization Record	W&L Health Center	August 1, 2009
Health Insurance Information Form	W&L Health Center	August 1, 2009
Baldrige Reading and Study Skills Registration (optional)	Baldrige	August 1, 2009
Class of 2013 T-shirt Order Form (optional)	W&L First-Year Program	August 1, 2009

DUE AUGUST 15, 2009

First-Year Student Credit Transfer Request (optional)	W&L First-Year Program	August 15, 2009
---	------------------------	-----------------

**Returning these forms TO ARRIVE
before the due dates is critical to
your smooth transition to W&L.
Please help us by staying on
schedule over the summer.**

**If you have questions about the *health forms*,
please send an email to studenthealth@wlu.edu
or call (540) 458-8401 and leave a message.
Your call will be returned.**

**If you have questions about any *other forms*, please
contact Kati Grow at kgrow@wlu.edu or (540) 458-8405.**

**WASHINGTON AND LEE UNIVERSITY
FAMILY INFORMATION FORM**

Please return form by **June 30, 2009**

**This form can also be completed online at <http://go.wlu.edu/familyinfoform>,
sent by fax to (540) 458-8428 attn: Jane Stewart, University Advancement, or returned to the
Office of the Dean of First-Year Students with forms from the New Student Guidebook.**

Student's Full Name: (Please Print) _____

Student's Preferred Name: _____ High School Attended: _____

FATHER

Full Name: _____

Preferred Name: _____

Preferred Prefix: (Mr., Dr., etc.) _____

Home Address: _____

Phone: _____

Cell Phone: _____

Email Address: _____

Professional Field: _____

Title: _____

Business Name: _____

Address: _____

Phone: _____

College(s) & Degree(s): _____

Community / corporate / foundation or civic board
positions: _____

*Are you willing to be contacted by Career Services
about volunteer opportunities for parents?*

Yes No

Marital Status:

____ Married ____ Separated ____ Divorced

MOTHER

Full Name: _____

Preferred Name: _____

Preferred Prefix: (Mrs., Ms., Dr., etc.) _____

Home Address: _____

Phone: _____

Cell Phone: _____

Email Address: _____

Professional Field: _____

Title: _____

Business Name: _____

Address: _____

Phone: _____

College(s) & Degree(s): _____

Community / corporate / foundation or civic board
positions: _____

*Are you willing to be contacted by Career Services
about volunteer opportunities for parents?*

Yes No

Do you prefer correspondence mailed to: _____Business _____Home

Other Relatives who attended W&L: _____

Names & ages of sibling(s): _____

College(s) sibling(s) attended or are attending: _____

GRANDPARENTS

Names: _____

Address: _____

GRANDPARENTS

Names: _____

Address: _____

STEP-FATHER, if applicable

Name: _____

Preferred Name: _____

Preferred Prefix: (Mr., Dr., etc.) _____

Home Address: _____

Phone: _____

Email Address: _____

Professional Field: _____

Title: _____

Business Name: _____

Address: _____

Phone: _____

College(s) & Degree(s): _____

Community / corporate / foundation or civic board positions: _____

STEP-MOTHER, if applicable

Name: _____

Preferred Name: _____

Preferred Prefix: (Mr., Dr., etc.) _____

Home Address: _____

Phone: _____

Email Address: _____

Professional Field: _____

Title: _____

Business Name: _____

Address: _____

Phone: _____

College(s) & Degree(s): _____

Community / corporate / foundation or civic board positions: _____

INFORMATION FOR FACULTY ADVISER

Please print or type to complete both
sides of this form.



Return by June 30th to:

Dean of First-Year Students
Washington and Lee University
Elrod University Commons, Room 247
204 W. Washington Street
Lexington, VA 24450-2116

STUDENT'S LAST NAME (Please print) FIRST NAME MIDDLE PREFERRED NAME

____/____/____
DATE OF BIRTH

HOME STREET ADDRESS

HOME STREET ADDRESS LINE 2

CITY STATE COUNTRY ZIP

FATHER'S LAST NAME FIRST NAME MIDDLE NAME

COLLEGE/UNIVERSITY ATTENDED DEGREE(S)

FATHER'S OCCUPATION HOME PHONE OFFICE PHONE

MOTHER'S LAST NAME FIRST NAME MIDDLE NAME

COLLEGE/UNIVERSITY ATTENDED DEGREE(S)

MOTHER'S OCCUPATION HOME PHONE OFFICE PHONE

MAJOR ACTIVITIES OR HONORS (INCLUDING OFFICES OR CAPTAINCIES HELD) IN JUNIOR AND SENIOR YEARS OF HIGH SCHOOL:

READING INTERESTS: _____

INTERCOLLEGIATE SPORT(S) YOU PLAN TO PLAY AT W&L: _____

EMPLOYMENT EXPERIENCE: _____

SPECIAL TALENTS, INTERESTS OR HOBBIES: _____

STATES/COUNTRIES OF RESIDENCE (OTHER THAN HOME STATE/COUNTRY): _____

HIGH SCHOOL(S) ATTENDED: _____

CLASS STANDING: _____ DATE OF HIGH SCHOOL GRADUATION: _____

SAT-I SCORES: V _____ M _____ w _____ SAT-II SCORES: _____

ACT SCORES (IF TAKEN): _____ TOEFL SCORES (IF TAKEN): _____



CHECK IF APPROPRIATE:

- FATHER DECEASED
- MOTHER DECEASED

- PARENTS DIVORCED
- PARENTS SEPARATED

- FATHER REMARRIED
- MOTHER REMARRIED

STUDENT'S LAST NAME (Please print)	FIRST NAME	MIDDLE	PREFERRED NAME
------------------------------------	------------	--------	----------------

You are asked to supply the information below to assist in assigning you to an initial liberal arts faculty adviser with whom you are likely to have common interests and with whom you will be able to plan your courses of study. We realize that at this time you may not be sure of your immediate academic plans, but nevertheless we ask that you give us as much information as you can. **Nothing you state on this form is binding, and you will be free to change your mind (and your adviser) at any time.**

1. No matter how tentative your interests, please indicate the academic area(s) or study (major) you hope to emphasize during your undergraduate years and, if applicable, your post-graduate plans.

2. This section will gather information about your interests, likes, and dislikes. The various academic areas and departments are grouped into four divisions. Indicate your primary interests among these divisions by circling one of the numbers beside each group. On a scale of 0 to 3, 0 representing no interest at all; 1 representing some interesting; 2 representing fairly strong interest, and 3 representing very strong interest.

LANGUAGE AND LITERATURE

English	0	1	2	3
French	0	1	2	3
German	0	1	2	3
Classics (Greek/Latin)	0	1	2	3
Italian	0	1	2	3
Russian	0	1	2	3
Spanish	0	1	2	3
Chinese	0	1	2	3
Japanese	0	1	2	3

HUMANITIES

Art	0	1	2	3
Theater	0	1	2	3
East Asian Studies	0	1	2	3
History	0	1	2	3
Music	0	1	2	3
Philosophy	0	1	2	3
Religion	0	1	2	3
Russian Studies	0	1	2	3

SCIENCE AND MATH

Biology	0	1	2	3
Chemistry	0	1	2	3
Cognitive Science	0	1	2	3
Computer Science	0	1	2	3
Engineering	0	1	2	3
Geology	0	1	2	3
Mathematics	0	1	2	3
Neuroscience	0	1	2	3
Physics	0	1	2	3
Pre-med/Dental/Vet	0	1	2	3

SOCIAL SCIENCE

Accounting	0	1	2	3
Bus. Admin./Mgmt.	0	1	2	3
Economics	0	1	2	3
Journalism/Comm.	0	1	2	3
Politics	0	1	2	3
Psychology	0	1	2	3
Public Policy	0	1	2	3
Sociology/Anthrop.	0	1	2	3

3. a. My strongest academic preparation has been in: _____

b. My weakest academic preparation has been in: _____

4. If you are personally acquainted with or know of a specific faculty member you would like to request as your adviser please do so here: _____

5. Please indicate your interest in the pre-medical program by circling one of the following:

No Interest Some Interest Very Strong Interest



WASHINGTON AND LEE
U N I V E R S I T Y
LEXINGTON, VIRGINIA 24450-2116

Office of Communications
(540) 458-8460

May 2009

To the Parents of the Class of 2013:

The News Office at Washington and Lee University is pleased to provide your hometown newspaper with information on your sons' or daughters' various academic achievements while they are at W&L, including dean's list and honor roll releases. Because many large, metropolitan newspapers do not print hometown information or college news, please call the paper you've chosen as your students' hometown newspaper to determine their policy. Announcements of this kind are often likely to be printed in smaller non-daily, community or neighborhood papers.

On the form below, please provide us with the name of one newspaper to which news releases may be sent. Fill it in (including the newspaper's address), cut along the line, and include it with other items from this mailing that you'll be returning to W&L.

Thank you for taking the time to assist the News Office. If you have any questions, please feel free to call us at 540-458-8460.

Sincerely,

Julie Cline
News Office
Washington and Lee University

NEWS OFFICE HOMETOWN INFORMATION FORM
PLEASE RETURN TO THE OFFICE OF THE DEAN OF FIRST-YEAR STUDENTS BY JUNE 30, 2009.

Student's Full Name: _____

Mother's Name: _____ Father's Name: _____

Parents' Street Address: _____

City: _____ State: _____ ZIP: _____

Full Name of Hometown Newspaper: _____

Newspaper's Street Address: _____

City: _____ State: _____ ZIP: _____

Newspaper's E-mail Address: _____

RELIGIOUS PREFERENCE FORM



Return by June 30th to:

Dean of First-Year Students
Washington and Lee University
Elrod University Commons, Room 247
204 W. Washington Street
Lexington, VA 24450-2116

This information is useful to W&L in examining historical trends of campus demographics; it is treated confidentially. Your response is voluntary and optional.

Student's Full Name: _____

Home Mailing Address: _____

Religious Preference: _____

(e.g. Christian—Presbyterian, Christian—Baptist, Judaism, Islam, Agnostic, etc.)

May we share this information with local clergy? Yes No

MEDICAL DOCUMENTATION FOR SPECIAL HOUSING REQUEST

Return this form only if you are requesting special housing due to a health condition (e.g. air conditioning due to allergies or asthma).



Return by August 1st to:

Student Health Center
204 W. Washington Street
Lexington, VA 24450
PHONE: (540) 458-8401
FAX: (540) 458-8404
studenthealth@wlu.edu

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

STUDENT'S FULL NAME: _____ CLASS YEAR: _____

DATE OF BIRTH: ____/____/____ SSN: _____ - _____ - _____

New Students: Our availability to accommodate special housing requests is limited. If you believe you have such a need you will need to have your physician complete this form and submit it for review by **June 1** to avoid being placed on a waiting list for special housing. **Return this form only if you are requesting special housing** due to a health condition (e.g.: air conditioning due to allergies OR asthma).

Returning Students: This form should be completed and returned by **March 1st**. The Student Health Center can review your request and complete this form if the necessary documentation is already in your medical record.

Physician: Special housing is extremely limited. Only those students with the greatest medical need(s) will be recommended for special housing arrangements. In order to make this determination, it is important that the medical documentation support the request and is complete.

1. What is the medical problem, and how does its severity affect housing needs?

2. Describe medication and dosages, and other measures that are being employed in treatment.

3. What is the specific housing need for this individual and why is it important in treating this problem?

**IN ORDER TO EXPEDITE THIS REQUEST, PLEASE ATTACH PERTINENT
CLINICAL DATA DOCUMENTING THE MEDICAL PROBLEM.**

Physician's Signature: _____ Date: ____/____/____

Physician's Name, Printed: _____

Physician's Address: _____

Physician's Phone: (_____) _____ - _____ Physician's FAX: (_____) _____ - _____

REPORT OF MEDICAL HISTORY

All information must be provided in English. This form is to be completed and signed by your healthcare provider before returning it to arrive on campus no later than June 30th.



WASHINGTON AND LEE
UNIVERSITY
LEXINGTON, VIRGINIA 24450-2116

Return by August 1st to:

Student Health Center
204 W. Washington Street
Lexington, VA 24450
PHONE: (540) 458-8401
FAX: (540) 458-8404
studenthealth@wlu.edu

STUDENT'S LAST NAME (Print) _____ FIRST NAME _____ MIDDLE _____ SOCIAL SECURITY NO. _____

HOME STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER _____

DATE OF BIRTH: ____/____/____ GENDER: M F MARITAL STATUS: SINGLE MARRIED

CLASS YOU ARE ENTERING: FR SOPH JR SR 1L 2L 3L PREVIOUSLY ENROLLED HERE? YES NO

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____ ADDRESS _____ PHONE _____

FAMILY HISTORY

	AGE	STATE OF HEALTH	OCCUPATION	AGE/CAUSE OF DEATH
ATHER				
MOTHER				
BROTHERS				
SISTERS				

HAVE ANY RELATIVES EVER HAD THE FOLLOWING?:

	YES	NO	RELATIONSHIP
DIABETES			
HEART DISEASE, STROKE			
CANCER			
ASTHMA, ALLERGIES			
TUBERCULOSIS			
ALCOHOL/DRUG PROBLEM			
DEPRESSION			

PERSONAL HISTORY—PLEASE ANSWER ALL QUESTIONS AND COMMENT ON "YES" ANSWERS

Have You Had?	Yes	No
Chicken Pox		
Measles		
German Measles		
Mumps		
Mononucleosis		
Females: Menstrual problems		
Head injury or concussion		
Epilepsy/seizures		

Have You Had?	Yes	No
Dental problems		
Eye problems		
Ear, nose, throat problems		
Asthma, allergies		
Food/drug allergy (List below)		

Have You Had?	Yes	No
Migraine headaches		
Anxiety or depression		
Sleep difficulty		
Eating disorder		
Alcohol/drug problem		
Learning disability		
ADD/ADHD		

Have You Had?	Yes	No
Disease/injury of joints		
Back problems		
Heart problems		
Stomach/intestinal problems		
Liver or kidney problems		
Tumor, cancer or cyst		
Diabetes		

NOTES:

	YES	NO
Do you drink alcohol?		
Do you smoke cigarettes or use smokeless tobacco?		
Do you take any medications on a regular basis? (List here):		
Has your physical activity been restricted during the past five years? (Give details.)		
Have you received treatment or counseling for alcohol or drug abuse, an eating disorder, depression, or other emotional problem? (Give details.) Have you been hospitalized or received in-patient care for any of these conditions?		
Have you had any significant illness or injury for which you have been treated or hospitalized other than already noted? (Give details.)		
Do you have any question in regard to your health, family history, or other matters?		

Student's Signature _____

Physician's Signature (Acknowledging Review) _____

Date _____

Please continue to page 2.

(Rev. 6/09)

REPORT OF PHYSICAL EXAMINATION

All information must be provided in English. This form is to be completed and signed by your healthcare provider before returning it to arrive on campus no later than June 30th. .



WASHINGTON AND LEE
UNIVERSITY
LEXINGTON, VIRGINIA 24450-2116

Return by June 30th to:

Office of the Dean of First-Year Students
Elrod University Commons Room 247
204 W. Washington Street
Lexington, VA 24450
Questions? PHONE: (540) 458-8401
studenthealth@wlu.edu

TO THE EXAMINING PHYSICIAN: Please review the student's history and complete the physical examination and immunization record, commenting on all "Yes" answers.

STUDENT'S LAST NAME (Print) _____ FIRST NAME _____ MIDDLE _____ GENDER: M F

Blood Pressure ____/____ Pulse _____ Height _____ inches Weight _____ pounds

Vision: Right 20/____ Left 20/____ Corrected Uncorrected

Dip Urinalysis _____ HCT or HCB _____ **OR** not indicated _____

Are there abnormalities of the following systems? Describe fully. Use additional sheet if needed. Please comment on all "Yes" answers.

	YES	NO
Head, Ears, Nose, or Throat		
Eyes		
Respiratory		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Musculoskeletal		
Metabolic/Endocrine		
Neuropsychiatric		
Skin		

COMMENTS:

Is the patient now under treatment for any medical or emotional condition? YES NO

Is the patient currently taking any medication on a regular basis? YES NO

If yes, list medications: _____

Is there a loss or seriously impaired function of any organ? YES NO

Clearance for unrestricted participation in PE classes and NCAA athletics? NO YES

Explain any restrictions: _____

Do you have any further recommendations for the care of this student? YES NO

Explain: _____

HEALTHCARE PROVIDER _____
NAME _____
ADDRESS _____
PHONE _____ FAX _____
SIGNATURE _____ DATE _____

IMMUNIZATION RECORD

This form is to be completed and signed by your healthcare provider.

All information must be provided in English. The form must be returned to arrive on campus no later than August 1st.



WASHINGTON AND LEE UNIVERSITY
LEXINGTON, VIRGINIA 24450-2116

Return by August 1st to:

Student Health Center
204 W. Washington Street
Lexington, VA 24450
PHONE: (540) 458-8401
FAX: (540) 458-8404
studenthealth@wlu.edu

Student's LAST Name _____ Student's FIRST Name _____

Date of Birth ____/____/____ Social Security Number ____-____-____
M D Y

REQUIRED IMMUNIZATIONS

A. M.M.R. (MEASLES, MUMPS, RUBELLA) (Two doses required at least 28 days apart for students born after 1956.)

- Dose 1 given at age 12 months or later #1 ____/____/____
M D Y
- Dose 2 given at least 28 days after first dose #2 ____/____/____
M D Y

B. TETANUS-DIPHTHERIA-PERTUSSIS (Primary series and booster in the last ten years. Refer to ACIP for details)

- Primary series of four doses with DTaP, DTP, DT, OR Td: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____
M D Y M D Y M D Y M D Y
- Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. (Administer with MCV4 simultaneously if possible) ____/____/____
M D Y
- Booster: Td within the last ten years ____/____/____
M D Y

C. POLIO (Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

- OPV alone (oral Sabin three doses): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____
M D Y M D Y M D Y
- IPV/OPV sequential: IPV #1 ____/____/____ IPV #2 ____/____/____ OPV #3 ____/____/____ OPV #4 ____/____/____
M D Y M D Y M D Y M D Y
- IPV alone (injected Salk four doses): #1 ____/____/____ #2 ____/____/____ #3 ____/____/____ #4 ____/____/____
M D Y M D Y M D Y M D Y

D. VARICELLA (Birth in the U.S. before 1980, a history of chicken pox, a positive varicella antibody, OR two doses of vaccine.)

- History of Disease Yes No OR Birth in U.S. before 1980? Yes No
- Varicella antibody Tested ____/____/____ Result: Reactive Non-Reactive
M D Y
- Immunization
 - Dose #1 #1 ____/____/____
M D Y
 - Dose #2 given at least 12 weeks after first dose ages 1-12 years #2 ____/____/____
and at least 4 weeks after first dose if age 13 years or older. M D Y

E. HEPATITIS B (Three doses of vaccine, OR two doses of adult vaccine in adolescents 11-15 years of age, OR a positive hepatitis B surface antibody meets the requirement.)

- Immunization (hepatitis B)..... Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____
M D Y M D Y M D Y
Adult formulation____ Adult formulation____ Adult formulation____
Child formulation____ Child formulation____ Child formulation____
- Immunization (Combined hepatitis A and B vaccine) Dose #1 ____/____/____ Dose #2 ____/____/____ Dose #3 ____/____/____
M D Y M D Y M D Y
- Hepatitis B surface antibody: Date ____/____/____ Result Reactive Non-reactive
M D Y

F. MENINGOCOCCAL TETRAVALENT (A,C,Y,W-135) One dose for college first-year students living in residence halls, persons with terminal complement deficiencies or asplenia, and travelers to endemic areas of the world. Non-first-year college students under 25 years of age may choose to be vaccinated to reduce their risk of meningococcal disease.

- Tetavalent conjugate (Menactra MCV4) Date ____/____/____
(preferred; data for revaccination pending; administer simultaneously with Tdap if possible): M D Y
- Tetavalent polysaccharide (Menomune) (acceptable alternative if conjugate not available; revaccinate every 3-5 years if increased risk continues): Date ____/____/____ Booster ____/____/____
M D Y M D Y

G. TUBERCULOSIS SCREENING (1)

- 1. Does the student have signs or symptoms of active tuberculosis disease?..... Yes No
If No, proceed to 2. If Yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.
2. Is the student a member of a high-risk group? (2) Yes No
If No, stop. If Yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.
3. Tuberculin Skin Test:Date Given: ___/___/___ Date Read: ___/___/___ Result: _____
(Record actual mm of induration, transverse diameter; if no induration, write "0")
Interpretation (based on mm of induration and risk factors): Positive Negative
4. Chest x-ray Date of chest x-ray: ___/___/___ Result: Normal Abnormal
(required if tuberculin skin test is positive) M D Y M D Y

(1) The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit www.acha.org or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: www.cdc.gov/nchstp/tb/pubs/corecurr/.

(2) Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunoileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.

RECOMMENDED IMMUNIZATIONS

H. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV) (Three doses of vaccine for female college students, 11-26 years of age at 0, 2, and 6 month intervals.) Immunization #1 ___/___/___ #2 ___/___/___ #3 ___/___/___
M D Y M D Y M D Y

I. INFLUENZA Trivalent inactivated influenza vaccine (TIV) or live attenuated influenza vaccine (LAIV). Annual immunization recommended to avoid influenza complications in high-risk patients, to avoid disruption to academic activities, and to limit transmission to high-risk individuals.
Immunization Date ___/___/___ Date ___/___/___ Date ___/___/___ Date ___/___/___ Date ___/___/___
M D Y M D Y M D Y M D Y M D Y
TIV ___ LAIV ___ TIV ___ LAIV ___ TIV ___ LAIV ___ TIV ___ LAIV ___ TIV ___ LAIV ___

J. HEPATITIS A

- 1. Immunization (hepatitis A) #1 ___/___/___ #2 ___/___/___
M D Y M D Y
2. Immunization (Combined hepatitis A and B vaccine) #1 ___/___/___ #2 ___/___/___ #3 ___/___/___
M D Y M D Y M D Y

K. PNEUMOCOCCAL POLYSACCHARIDE VACCINE

(One dose for members of high-risk groups.).....Date ___/___/___
M D Y

HEALTHCARE PROVIDER _____
NAME _____
ADDRESS _____
PHONE _____ FAX _____
SIGNATURE _____ DATE _____

**CLASS OF 2013
T-SHIRT ORDER FORM**

Shirts will be delivered at matriculation check-in on Saturday, September 5th.



Return by August 1st to:

Dean of First-Year Students
Washington and Lee University
Elrod University Commons, Room 247
204 W. Washington Street
Lexington, VA 24450-2116

The First-Year Student Orientation Committee (FOC)* would like to extend a warm welcome to your son or daughter as he or she begins the Washington and Lee experience. The FOC offers each entering class a keepsake, and we have designed a T-shirt especially for the Class of 2013. The cost of each shirt is \$15. Please complete and return the order form below.

Parents and siblings love our shirts, too, so feel free to order for your entire family! **Shirts will be delivered at check-in on Saturday, September 5th.**

Once again, welcome to the W&L community, and we look forward to making your son's or daughter's introduction to W&L an enjoyable one!

	<u>Quantity</u>	<u>@ 15.00 each</u>	<u>Total per Size</u>
S		X \$15.00	\$
M		X \$15.00	\$
L		X \$15.00	\$
XL		X \$15.00	\$
XXL		X \$17.00	\$
AMOUNT DUE			\$

PAYMENT INFORMATION

First-Year Student's Full Name: _____

Home City: _____ State: _____

Cash Check #: _____ Amount Enclosed: \$ _____
Please make checks payable to Washington and Lee University.

* The F.O.C. is a student committee that works with the Dean of First-Year Students.

WASHINGTON AND LEE UNIVERSITY
First-Year Student Credit Transfer Request

This form must be completed by all first-year students desiring credit for previously completed college-level work. Do not file this form for AP or IB credit. Answer the questions for each course taken. No credit will be awarded for online courses or courses used to meet one of W&L's entrance requirements. In order to receive W&L credit, all documentation (official transcripts, official score reports, required W&L forms, etc.) must be received by the University Registrar before the end of Fall term. First-year students may receive a maximum of 28 credits from any and all non-W&L sources (AP, IB, college courses while in high school, etc.). Some students may be required to speak with the appropriate department head(s) before placement or credit is determined. Students will be notified at matriculation of the status of their requests for credit if complete forms are received by August 15. Questions may be addressed to the University Registrar's Office. Along with this form, send a copy of the course syllabus, a catalog containing the description of the course, and an official transcript of the credit to:

University Registrar's Office
 Washington and Lee University
 Lexington, Virginia 24450-2116

Name _____ Date of entrance at W&L _____
 (please print)

Last secondary school _____ City _____ State _____

<p>1. Course title _____ Credit hours _____ Grade _____</p> <p>Institution awarding credit _____</p> <p>Where & how taught (college, high school, classroom, online, etc.) _____</p> <p>Instructor name _____ Where employed _____</p> <p>Textbook(s) used (title, author) _____</p> <p>_____</p> <p>Was the course used to meet one of W&L's entrance requirements? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>OFFICE USE ONLY</p> <p>Syllabus.</p> <p>Catalog.</p> <p>Transcript.</p> <p>Department.</p>
<p>2. Course title _____ Credit hours _____ Grade _____</p> <p>Institution awarding credit _____</p> <p>Where & how taught (college, high school, classroom, online, etc.) _____</p> <p>Instructor name _____ Where employed _____</p> <p>Textbook(s) used (title, author) _____</p> <p>_____</p> <p>Was the course used to meet one of W&L's entrance requirements? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Syllabus.</p> <p>Catalog.</p> <p>Transcript.</p> <p>Department.</p>
<p>3. Course title _____ Credit hours _____ Grade _____</p> <p>Institution awarding credit _____</p> <p>Where & how taught (college, high school, classroom, online, etc.) _____</p> <p>Instructor name _____ Where employed _____</p> <p>Textbook(s) used (title, author) _____</p> <p>_____</p> <p>Was the course used to meet one of W&L's entrance requirements? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Syllabus.</p> <p>Catalog.</p> <p>Transcript.</p> <p>Department.</p>
<p>4. Course title _____ Credit hours _____ Grade _____</p> <p>Institution awarding credit _____</p> <p>Where & how taught (college, high school, classroom, online, etc.) _____</p> <p>Instructor name _____ Where employed _____</p> <p>Textbook(s) used (title, author) _____</p> <p>_____</p> <p>Was the course used to meet one of W&L's entrance requirements? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Syllabus.</p> <p>Catalog.</p> <p>Transcript.</p> <p>Department.</p>

Laundry Service

University Cleaners
534 East Nelson Street
Lexington, VA 24450
melvincorp@embarqmail.com

To: Parents of Incoming Washington and Lee Students

From: Jay Melvin, University Cleaners

Date: Spring 2009

Welcome to Washington and Lee University!. With all the responsibilities and academic demands the school year brings for students, we wish to offer an alternative to students doing their own laundry. The average student spends nearly **140 HOURS** a year washing their clothes. Our laundry service alleviates this worry and allows more time for academics.

University Cleaners offers pick-up and delivery laundry service to your son/daughter's dormitory, fraternity, sorority, or other on campus housing **every week** for the entire school year for only \$425. This fee includes 15 pounds of clothes, washed, dried, folded, and delivered promptly. If by chance the load exceeds 15 pounds, each additional pound of laundry is only \$1.25/lb, which will be billed home at the end of the semester.

To register for the Laundry Service, simply complete the attached form located in this guidebook and return it to University Cleaners. You must either enclose a check for the entire amount or provide your credit card information in the space provided.

Laundry bags and instructions will be in your room the week of First-year Orientation. The service will begin the first week of classes. Should you have any questions, contact Jay Martin at (540) 464-6900.

**BALDRIDGE
READING & STUDY
SKILLS PROGRAM**

www.brssmid.com



WASHINGTON AND LEE
UNIVERSITY
LEXINGTON, VIRGINIA 24450-2116

Return by August 1st to:

Baldrige Reading & Study Skills
P.O. Box 560147
Macedonia, OH 44056-0147
(330) 908-3419
brssmid@msn.com

*Is reading quickly with good comprehension a concern of yours?
Overwhelmed by hours upon hours of reading, and feeling as though you're not getting anywhere?*

Baldrige Reading & Study Skills

has the answers and will be back on campus at

WASHINGTON AND LEE
UNIVERSITY

You'll learn life-long skills that can be applied in every situation:

- Read faster
- Save time
- Take better notes
- Improve comprehension
- Strengthen concentration
- Increase retention

During the Baldrige Reading & Study Skills Program last year W&L students improved their:

- Average reading rate by 29%
- Average comprehension by 40%

Study for your fall-term classes with new and proven techniques!

When: This two week, 10 session program starts Monday, September 21, 2009.

Cost: Tuition is just \$165, payable to Baldrige Reading & Study Skills

Location: Elrod University Commons Room 345

Class Times: 11:15 AM; 1:25 PM; 2:30 PM; 3:35 PM; 4:40 PM; or 6:30 PM

(These times correspond with W&L's class schedule; students may attend class at any time each day).



<p>Return Registration Form: Return this form, along with your check for \$165.00 (payable to Baldrige Reading & Study Skills) to:</p> <p>Baldrige Reading & Study Skills Program P.O. Box 560147 Macedonia, OH 44056-0147</p> <p>(330) 908-3419 brssmid@msn.com www.brssmid.com</p> <p>Registration is due to Baldrige by August 1, 2009</p>	<p>Registration Form Baldrige Reading & Study Skills Program</p> <p>Student's Name _____</p> <p>W&L Email Address _____ (Where you will receive a start of program, classroom location, times reminder).</p> <p>Student's Cell Phone (_____) _____ - _____</p> <p>Campus Mailing Address _____ (Campus information is helpful, but not necessary to enroll).</p> <p>Home Mailing Address _____</p> <p>Home City, State, ZIP _____</p> <p>Home Phone (_____) _____ - _____</p> <p>Authorizing Signature _____</p> <p>Circle one: Parent Student</p>
--	---

Washington and Lee University Laundry Service

STUDENT INFORMATION

Student's Full Name: _____

Home or Cell Phone Number: (_____) _____

Home Street Address: _____

City: _____ State: _____ ZIP: _____

Residence Hall/ Greek House and Room Number: _____

School E-mail Address: _____

PAYMENT INFORMATION

Check made payable to University Cleaners for \$425.00.

Credit Card (circle one): Visa MasterCard

Card #: _____ - _____ - _____ - _____

Expiration Date: ____/____

Cardholder's Signature authorizing \$425 charge
to University Cleaners for Laundry Service: _____

Print Name of Card Holder _____

Return by mail to:

University Cleaners
534 East Nelson Street
Lexington, VA 24450

Questions?

Phone: 540-464-6900
E-mail: melvincorp@embarqmail.com