Information and Required Forms for Matriculating Students for Graduate Students
Entering the Master of Music Teaching (MMT) Program at Oberlin College
Table of Contents and Checklist

Welcome!

This book contains the forms you must to complete prior to your enrollment into the MMT program. To avoid delays in your enrollment, you must submit accurate and complete information by the stated deadlines.

<table>
<thead>
<tr>
<th>PAGE</th>
<th>SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Table of Contents</td>
</tr>
<tr>
<td>2.</td>
<td>I.D. Card Photo Request</td>
</tr>
<tr>
<td>3-4.</td>
<td>Student Health Services and Insurance Information</td>
</tr>
<tr>
<td>5-7.</td>
<td>Medical History/Exam Form</td>
</tr>
<tr>
<td>8-12.</td>
<td>Immunization Form</td>
</tr>
<tr>
<td>13.</td>
<td>Services for Students with Disabilities</td>
</tr>
<tr>
<td>14.</td>
<td>Disability Self-Disclosure Form</td>
</tr>
<tr>
<td>15.</td>
<td>Student Record/Course Registration</td>
</tr>
<tr>
<td>16.</td>
<td>Financial Information</td>
</tr>
<tr>
<td>17.</td>
<td>Obie Dollars Deposit Form</td>
</tr>
<tr>
<td>18.</td>
<td>Academic Calendar (abridged)</td>
</tr>
</tbody>
</table>
I.D. Card Photograph Request

Required of all students

DEADLINE: June 8, 2015

All MMT students must submit a recent photograph by June 8, 2015. Photos should be high resolution because they will be used to prepare your Oberlin College ID card prior to your arrival on campus. Please do not submit scanned photos. Failure to provide a digital photo by the deadline will delay your enrollment process. MMT students who graduated from Oberlin will be issued new cards.

Your ID card gives you access to residence and dining halls, and it includes your Flex Point and Obie Dollar declining balance programs. You will pick up your ID card after orientation on June 8.

Photo Requirements

Your photo should be a high-resolution color picture with head and shoulders forward. No headwear or dark glasses will be accepted. Light-colored backgrounds are preferred. A passport photo is recommended.

Questions:
Division of Music Education
440-775-8297 (office),
440-775-8942 (fax), or
jody.kerchner@oberlin.edu

Return to:
photo-id@oberlin.edu

Submitting a Digital Photo

Please e-mail your digital photo to photo-id@oberlin.edu. Images may be saved and submitted in the JPEG file format. Do not send a low resolution or one created by scanning a print; if you do your ID Card will not be ready when you arrive on campus because such files result in pixilated and blurry images. Please use your full legal last name and first name in this format, lastname_firstname, as the filename for your photo. Please also indicate that you are an MMT student.

If you are unable to submit a digital photo, please contact us at photo-id@oberlin.edu to discuss your options.
Student Health Services and Insurance Information

DEADLINE: June 8, 2015

Students must mail, fax, or e-mail the Medical History/Physical Exam, the Certificate of Immunization, and the Consent for Medical Treatment of a Minor (if applicable) forms, along with a copy of their current health insurance card, to Student Health Services by June 8.

Students should schedule appointments with their health care provider as soon as possible. No student will be allowed to enroll until all required medical forms have been submitted. Forms that are not completed correctly will be returned.

Immunization Requirements

Students who have not completed the immunization requirements will not be permitted to enroll. These requirements include:

- two (2) MMR or measles vaccines
- a tetanus booster (Td) or Tdap within the last 10 years
- a minimum of three (3) polio vaccines
- a tuberculosis skin test (PPD or Mantoux) within the last six months. See Certificate of Immunization form.

Dates are required for each immunization. The hepatitis B immunization series, the meningococcal vaccine, the chickenpox (varicella) vaccine, and the pertussis vaccine are recommended but not required for enrollment.

Students and parents who want more information about vaccinations are advised to see the Center for Disease Control’s National Immunization Program schedule of immunizations at www.cdc.gov/vaccines/.

Information about Meningitis

Oberlin strongly recommends that all new students receive the meningococcal vaccine. Students who are unable to obtain this vaccine before arriving on campus can make arrangements to be vaccinated by calling Student Health Services.

Meningitis is an inflammation of the lining surrounding the brain and spinal cord. One form of bacterial meningitis, meningococcal meningitis, can progress very rapidly and cause life-threatening illness. Early symptoms include headache, fever, stiff neck, extreme fatigue, nausea, vomiting, and sensitivity to light. People often mistake these as flu or cold symptoms.

Research has shown that college students are more likely than others to contract meningococcal disease. The infection is transmitted through the air via droplets of respiratory secretions or direct contact (kissing, sharing utensils, glasses, or cigarettes) with an infected person. Activities common to campus life such as living in a residence hall, drinking alcohol, smoking, and being exposed to cigarette smoke, can help spread the disease.

The meningitis vaccine helps protect against the most common forms of meningitis, but it is not effective against all strains. Therefore, even students who have been vaccinated should visit Student Health Services if they become ill and are concerned about fever, headache, and neck pain.

More information on meningitis and the meningococcal vaccine is available at the meningitis webpage on the CDC website, www.cdc.gov/vaccines/.

Mental Health and Other Ongoing Medical Concerns

Oberlin College provides many support services for students. The class deans, the Counseling Center, and the offices of academic support services, residential education, and dean of studies all provide emotional and academic support for students experiencing challenges to daily life while attending Oberlin College and Conservatory of Music.

Students with diagnosed mental-health concerns or chronic medical conditions requiring ongoing care are expected to establish primary treatment services and support in addition to these college resources. You may view a list of private psychologists and clinical social workers on the Counseling Center’s website at www.oberlin.edu/counsel, or by calling the center at 440-775-8470.

Information about medical providers in the community who treat chronic or serious medical conditions can be obtained by calling the Office of Student Health Services at 440-775-8180.
Student Health Services and
Insurance Information, cont.

High-Risk Drinking at College

The abuse of alcohol and other drugs is a concern on most college campuses in the United States. Oberlin College is dedicated to strict adherence to state and local laws.

Statistics show that the majority of students at Ohio’s colleges and universities don’t engage in high-risk drinking. However, alcohol has been identified as a “rite of passage” for many college students, and of those who do drink, 52 percent do so solely to become intoxicated.

This behavior can be extremely dangerous. Most violent crimes on campuses, including rape, are connected to alcohol. Alcohol can be fatal if consumed excessively. Underage drinking can result in a permanent criminal record that can affect future employment prospects.

As a member of the Ohio College Initiative to Reduce High-Risk Drinking, Oberlin College urges parents of incoming students to talk about alcohol-related issues and peer pressure with their children before they arrive on campus. Parental support helps reinforce personal values, rules, and laws.

Over the summer you will be required to complete a confidential survey, ecHECKUP To Go, an evidenced-based intervention tool designed to reduce substance abuse. Part of Oberlin’s alcohol education program, this instrument will equip you to respond to situations that may involve alcohol, and it provides comparative data about alcohol use at colleges across the country. We will e-mail the link to the survey in August.

Read more information about alcohol and other drugs on the Office of Student Wellness website.

OBERLIN COLLEGE STUDENT HEALTH INSURANCE

All full-time students enrolled at Oberlin College are automatically billed for the Student Insurance Program offered by Academic Health Plans, Inc. The premium cost is included on the 2015 fall term bill. It can be refunded if the policy is waived by the waiver deadline of September 15. No adjustments can be made to the student’s account after that date.

In order to waive the Student Insurance Program offered by Academic Health Plans, the student must have comparable policy coverage that provides benefits to Providers in Oberlin, Ohio. You will need to consult your private insurance company for these details.

The online waiver form is available on the Academic Health Plans website at www.academichealthplans.com/oberlin. The waiver form must be completed each year.

All international students are required to purchase the student health insurance plan.

In addition to contacting Academic Health Plans via its website, you can reach the plan’s customer service by phone at 1-888-308-7320. Complete student health insurance plan information is available at either venue.

All full-time students enrolled at Oberlin College and Conservatory of Music, regardless of insurance coverage, may see a health care provider as needed at Student Health Services.
Medical History/Physical Exam

- Required of all students

DEADLINE: June 8, 2015

The information you provide on this form is strictly for the use of Student Health Services and the Sports Medicine Department and will not be released to anyone without your knowledge and consent. All students must complete this form and have it signed in two places by a medical provider (M.D., D.O., N.P., or P.A.). Enrollment will be delayed until all required sections of this form are completed. The medical provider completing this form cannot be a family member.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
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<tr>
<td>Last</td>
<td>First</td>
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<tr>
<th>Gender:</th>
<th>Race:</th>
<th>Religion:</th>
<th>Marital Status:</th>
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<table>
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<tr>
<th>Citizenship:</th>
<th>Country of Birth:</th>
<th>Social Security Number (if available):</th>
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<table>
<thead>
<tr>
<th>Student Cell Phone:</th>
<th>Home Telephone:</th>
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<tbody>
<tr>
<td></td>
<td>(Country/Area Code) Number</td>
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<table>
<thead>
<tr>
<th>Oberlin E-mail Address:</th>
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<table>
<thead>
<tr>
<th>Home Address:</th>
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<tbody>
<tr>
<td>Number &amp; Street</td>
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<tr>
<td>City</td>
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<tr>
<th>Parent or Legal Guardian:</th>
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<tbody>
<tr>
<td>Name</td>
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Whom should we contact in case of emergency, if different from above?

<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone:</th>
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MEDICAL HISTORY

Allergies

Type: (food, medication, other) Reaction:
1.
2.
3.
Medical History (page 2 of 3)  

Name: ____________________________

Current Medications

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Dosage</th>
<th>Reason for medication</th>
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<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
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</tr>
</tbody>
</table>

Please send a 90-day supply of any ongoing medications your son or daughter will require, or make arrangements for necessary refills.

Hospitalization and/or Surgery

Date Description

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Medical Illnesses or Problems

- Heart disease *(hypertension, etc.)*
- Endocrine problem *(thyroid, diabetes, etc.)*
- Epilepsy *(seizure disorder)*
- Pulmonary problem *(bronchitis, asthma, pneumonia, etc.)*
- Other

Family History

Relative: Father | Age: | State of health: | If deceased, cause of death: |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Mother</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Siblings</td>
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Has any blood relative (maternal or paternal grandparents, parents, siblings) had any of the following?

- Diabetes □ Yes □ No
- Heart trouble □ Yes □ No
- Hypertension □ Yes □ No
- Cancer □ Yes □ No
- Seizure disorder □ Yes □ No
- Substance abuse □ Yes □ No
- Other □ Yes □ No

Social Habits

Do you smoke? □ Yes □ No If yes, how much per day? For how many years? ____________

Do you use alcohol □ Yes □ No If yes, how much per week? ____________

Do you require a special diet? □ Yes □ No If yes, what type? ____________

Mental Health Care (Psychiatric or Psychological)

- Eating disorder
- Depression/Anxiety
- Alcohol/Drug treatment: Dates of treatment
- Outpatient care: Diagnosis, Dates of treatment, Medications
- Inpatient care: Diagnosis, Dates of treatment, Medications
- ADHD: For medication refills at Oberlin College, must have documentation with psychological report and initial evaluation by Oberlin College Counseling Center. (http://new.oberlin.edu/office/counseling-center/)

Other Medical Information

Please note any other pertinent information (e.g., use of eyeglasses, contact lenses, dentures, etc.) that you feel would be essential to Student Health Services to ensure that you receive complete medical care while at Oberlin.

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I hereby state that to the best of my knowledge, my answers to the above questions are correct.

Student's Signature ____________________________ Date ____________

Medical Provider's Signature ____________________________ Date ____________
Physical Exam

Name: ___________________________ Date of Birth: ___________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Height:</th>
<th>Weight:</th>
<th>BP:</th>
<th>Month/Date/Year</th>
</tr>
</thead>
</table>

Laboratory Finding: All tests may be done by your medical office. Hct/Hgb and urine are required only if playing intercollegiate athletics (varsity or club). Hct/Hgb and urine findings are optional for non-athletes.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Vision</th>
<th>Color Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hct. or Hgb.</td>
<td>Without glasses: Right 20/</td>
<td>Left: 20/</td>
</tr>
<tr>
<td>Urine: Glucose</td>
<td>With glasses: Right 20/</td>
<td>Left: 20/</td>
</tr>
<tr>
<td>Protein:</td>
<td>Gross Hearing: Right</td>
<td>Left:</td>
</tr>
</tbody>
</table>

Check the proper column for each item. Enter “N.E.” if not evaluated.

1. Head, neck, face, and scalp
2. Nose and sinuses
3. Mouth, teeth, gingiva, and throat
4. Ears – general (canals, drums, etc.)
5. Eyes – general (lids, pupils, motions, etc.)
6. Lungs, chest, and breasts
7. Heart
8. Vascular system (include varicosities)
9. Abdomen and viscera (include hernia)
10. Ano-rectal and pilondal
11. Endocrine system
12. Genito-urinary system
13. Upper extremities
14. Lower extremities
15. Spine, other musculoskeletal
16. Skin and lymphatic (include acne)
17. Neurological system
18. If female, give menstrual history; specify medication.

Is student cleared for full participation in all intercollegiate varsity/club sports? □ Yes □ No
If no:

Is student cleared for participation in non-contact intercollegiate varsity/club sports? □ Yes □ No
Any history of emotional illness or eating disorders?
Present □ Yes □ No
Past □ Yes □ No

Any special instructions for Student Health Services while the student is in school? □ Yes □ No
If yes, provide details on reverse or on separate sheet.

Medical Provider Signature: ___________________________ Date: ___________________________

Please print below or stamp at right:
Name: ___________________________
Address: ___________________________
Telephone: ___________________________
Certificate of Immunization

 Required of all students (Page 1 of 5)

DEADLINE: June 8, 2015

The information you provide on this form is strictly for the use of Student Health Services and the Sports Medicine Department and will not be released to anyone without your knowledge and consent. All full-time students and others utilizing the services of Student Health Services must complete this form. Enrollment will be delayed until all required sections of this form are completed.

The only circumstances under which a student may be exempt from the requirements listed on this form are as follows:

- Certification in writing by an examining physician who is of the opinion that the physical condition is such that health would be endangered by one or more of the immunizations. The student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella, and if not immune, will have to leave campus in the event of an outbreak.

or

- The student states in writing that the required immunizations would conflict with his or her religious beliefs. The student will be required to submit laboratory evidence of immunity to measles, mumps, and rubella, and if not immune, will have to leave campus in the event of an outbreak.

Name: _______________________________ Date of Birth: _______________________________

Last Name ___________________________ First Name ___________________________ Middle Initial ___________________________ Date of Birth: _______________________________

Month/Date/Year

REQUED IMMUNIZATIONS

A. MMR (Measles, Mumps, Rubella). Two live immunizations required on or after the first birthday, at least 30 days apart.

1. Dose 1 ___/___/____  2. Dose 2 ___/___/____  
   mo. day yr.          mo. day yr.  

Check type given: ☐ MMR  ☐ Measles

A positive serological test for immunity to any of the above diseases is acceptable instead of immunizations.

A history of disease is not acceptable.

Positive MEASLES titer: ___/___/____  Positive MUMPS titer: ___/___/____  Positive RUBELLA titer: ___/___/____

   mo. day yr.          mo. day yr.          mo. day yr.

B. Tetanus-Diphtheria

1. Primary series DTaP or DTP: ___/___/____  2. ___/___/____  3. ___/___/____  4. ___/___/____
   mo. day yr.          mo. day yr.          mo. day yr.          mo. day yr.

2. Td booster (within last 10 years): ___/___/____  or Tdap: ___/___/____
   mo. day yr.          mo. day yr.

C. Polio

1. Primary series (minimum three dates required):
   ☐ OPV (oral)  ☐ IPV (injected): 1. ___/___/____  2. ___/___/____  3. ___/___/____  4. ___/___/____
   mo. day yr.          mo. day yr.          mo. day yr.          mo. day yr.
## Certificate of Immunization (page 2 of 5)

### STRONGLY RECOMMENDED IMMUNIZATIONS

#### A. Hepatitis B immunization series
- Dose 1: __/__/__
- Dose 2: __/__/__
- Dose 3: __/__/__
  - mo. day yr.  mo. day yr.  mo. day yr.

#### B. Meningococcal vaccine __/__/__
  - mo. day yr.

#### C. History of Chickenpox OR chickenpox vaccine
  1. Chickenpox: __/__/__
     - mo. day yr.
  **OR**
  1. Chickenpox vaccination: __/__/__
     - mo. day yr.

#### D. Pertussis vaccine __/__/__
  - mo. day yr.

#### E. Human Papilloma Virus (HPV)
- Dose 1: __/__/__
- Dose 2: __/__/__
- Dose 3: __/__/__
  - mo. day yr.  mo. day yr.  mo. day yr.

### OTHER IMMUNIZATIONS

#### A. __________________________
- Dose 1: __/__/__
- Dose 2: __/__/__
- Dose 3: __/__/__
  - mo. day yr.  mo. day yr.  mo. day yr.

#### B. __________________________
- Dose 1: __/__/__
- Dose 2: __/__/__
- Dose 3: __/__/__
  - mo. day yr.  mo. day yr.  mo. day yr.

#### C. __________________________
- Dose 1: __/__/__
- Dose 2: __/__/__
- Dose 3: __/__/__
  - mo. day yr.  mo. day yr.  mo. day yr.

---

Medical Provider Signature

Date
Certificate of Immunization (page 3 of 5)

Part I: Tuberculosis (TB) Screening Questionnaire (to be completed by incoming students)

Please answer the following questions:

Have you ever had close contact with persons known or suspected to have active TB disease?  □ Yes  □ No

Were you born in, or have you lived in, one of the countries listed below that have a high incidence of active TB disease? (If yes, please CIRCLE the country, below)

Afghanistan  Côte d'Ivoire  Japan  Nicaragua  Sudan
Algeria  Croatia  Kazakhstan  Niger  Suriname
Angola  Democratic People's Republic of Korea  Kenya  Nigeria  Swaziland
Argentina  Democratic Republic of the Congo  Kiribati  Pakistan  Syrian Arab Republic
Armenia  Congo  Kuwait  Palau  Tajikistan
Azerbaijan  Djibouti  Kyrgyzstan  Panama  Thailand
Bahrain  Dominican Republic  Lao People's Democratic Republic  Paraguay  The former Yugoslav Republic of Macedonia
Bangladesh  Ecuador  Latvia  Peru  Timor-Leste
Belarus  El Salvador  Lesotho  Philippines  Togo
Belize  Equatorial Guinea  Liberia  Portugal  Tunisia
Benin  Eritrea  Libyan Arab Jamahiriya  Qatar  Turkey
Bhutan  Estonia  Lithuania  Republic of Korea  Turkmenistan
Bolivia (Plurinational State of)  Ethiopia  Madagascar  Republic of Moldova  Tuvalu
Bosnia and Herzegovina  Fiji  Malawi  Romania  Uganda
Botswana  Gabon  Malaysia  Russian Federation  Ukraine
Brazil  Gambia  Mali  Rwanda  United Republic of Tanzania
Brunei Darussalam  Georgia  Marshall Islands  Saint Vincent and the Grenadines  Uruguay
Bulgaria  Ghana  Mauritania  Sao Tome and Principe  Uzbekistan
Burkina Faso  Guam  Mauritius  Senegal  Vanuatu
Burundi  Guatemala  Micronesia (Federated States of)  Seychelles  Venezuela (Bolivarian Republic of)
Cambodia  Guinea  Mongolia  Sierra Leone  Vietnam
Cambodia  Guinea-Bissau  Morocco  Singapore  Yemen
Central African Republic  Guyana  Mozambique  Solomon Islands  Zambia
Chad  Haiti  Myanmar  South Africa  Zimbabwe
China  Honduras  Nambia  Sri Lanka
Colombia  India  Nepal
Comoros  Indonesia
Congo  Iraq

Have you had frequent or prolonged visits* to one or more of the countries listed above with a high prevalence of TB disease? (If yes, CHECK the countries, above)  □ Yes  □ No

Have you been a resident and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?  □ Yes  □ No

Have you been a volunteer or health-care worker who served clients who are at increased risk for active TB disease?  □ Yes  □ No

Have you ever been a member of any of the following groups that may have an increased incidence of latent *M. tuberculosis* infection or active TB disease – medically underserved, low-income, or abusing drugs or alcohol?  □ Yes  □ No

*The significance of the travel exposure should be discussed with a health care provider and evaluated.*
Certificate of Immunization (page 4 of 5)

Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I.

History of a positive TB skin test or IGRA blood test? (If yes, document below)  Yes ___ No ___

History of BCG vaccination? (If yes, consider IGRA if possible.)  Yes ___ No ___

1. TB Symptom Check
Does the student have signs or symptoms of active pulmonary tuberculosis disease? Yes ___ No ___
If No, proceed to 2 or 3

If yes, check below:
- Cough (especially if lasting for 3 weeks or longer) with or without sputum production
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

Proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray, and sputum evaluation as indicated.

2. Tuberculin Skin Test (TST)
(TST result should be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write "0". The TST interpretation should be based on mm of induration as well as risk factors.)**

Date Given: ___/___/___ Date Read: ___/___/___
M D Y M D Y

Result: _____ mm of induration **Interpretation: positive___ negative___

Date Given: ___/___/___ Date Read: ___/___/___
M D Y M D Y

Result: _____ mm of induration **Interpretation: positive___ negative___

**Interpretation guidelines

>5 mm is positive:
- Recent close contacts of an individual with infectious TB
- Persons with fibrotic changes on a prior chest x-ray, consistent with past TB disease
- Organ transplant recipients and other immunosuppressed persons (including receiving equivalent of >15 mg/d of prednisone for >1 month.)
- HIV-infected persons

>10 mm is positive:
- Recent arrivals to the U.S. (<5 years) from high prevalence areas or who resided in one for a significant* amount of time
- Injection drug users
- Mycobacteriology laboratory personnel
- Residents, employees, or volunteers in high-risk congregate settings
- Persons with medical conditions that increase the risk of progression to TB disease including silicosis, diabetes mellitus, chronic renal failure, certain types of cancer (leukemias and lymphomas, cancers of the head, neck, or lung), gastrectomy or jejunoleal bypass and weight loss of at least 10% below ideal body weight.

>15 mm is positive:
- Persons with no known risk factors for TB who, except for certain testing programs required by law or regulation, would otherwise not be tested.

* The significance of the travel exposure should be discussed with a health care provider and evaluated.
Certificate of Immunization (page 5 of 5)

3. Interferon Gamma Release Assay (IGRA)

   Date Obtained: ___/___/___ (specify method) QFT---GIT T---Spot other___
   M  
   D  
   Y  
   Result: negative___ positive___ indeterminate___ borderline___ (T---Spot only)

   Date Obtained: ___/___/___ (specify method) QFT---GIT T---Spot other___
   M  
   D  
   Y  
   Result: negative___ positive___ indeterminate___ borderline___ (T---Spot only)

4. Chest x---ray: (Required if TST or IGRA is positive)

   Date of chest x---ray: ___/___/___ Result: normal___ abnormal___
   M  
   D  
   Y  

Part III. Management of Positive TST or IGRA

All students with a positive TST or IGRA with no signs of active disease on chest x-ray should receive a recommendation to be treated for latent TB with appropriate medication. Patients with a history of BCG vaccination and a positive TST may be cleared with an IGRA. No further testing is necessary if the IGRA is normal and there are no signs or symptoms of TB. Please check one of the management plans below.

_____ Student has a positive TST and history of BCG vaccination. Their follow-up IGRA is normal and there are no signs or symptoms of TB.

_____ Student agrees to receive treatment. Please fax or email records of treatment to Oberlin College Student Health Services.

_____ Student has a positive TST and agrees to be evaluated at the Mercy TB clinic (phone #: 440-322-8188) when arrives on campus for possible treatment. The Oberlin College Dean’s office may be notified if the student fails to follow-up at the TB clinic or refuses to follow their recommendations.

________________________________________________________________________

Health Care Professional Signature ________________________________ Date __________
Services for Students with Disabilities

Transition into Higher Education as a Student with a Disability

Oberlin College provides a variety of accommodations for students with disabilities in order to facilitate access to all programs, services, and activities. Each student's situation is unique; therefore, the Office of Disability Services strongly advises students to begin the registration and accommodation process promptly. Some accommodations, such as priority registration and alternate text format, require advanced planning, and some accommodations such as residential placement in a room with an accessible bathroom require even more planning.

Because the legal requirements for accommodations are different in K-12 than in higher education, students are not identified as having a disability until they disclose that information. Students no longer have an IEP or 504 plan that is organized by the school and directed by teachers. As a result, in order to receive accommodations, students must register as a person with a disability with the Office of Disability Services and provide documentation of the disability.

All information is confidential and not included in a student’s college file.

In order to provide more information during the college transition, the new-student orientation program includes a session designed specifically for students with disabilities and their families.

Registering as a Student with a Disability

The process for registration as a student with a disability involves three steps:

1. The student self-identifies as a person with a disability to the Office of Disability Services.

2. The student provides documentation of a disability.

3. The student meets with the director or the associate director for discussion.

In order to receive pre-matriculation accommodations, students must send documentation to the Office of Disability Services no later than June 10, 2014.

Questions:
440-775-8464
(ask for coordinator of services for students with disabilities) or
disabilities.coordinator@oberlin.edu

Guidelines for Documentation

To receive accommodations, students must provide a signed, typed report written by an appropriate evaluator. The documentation must include the following information:

- credentials of the evaluator, including the area of specialty
- diagnostic statement identifying the disability
- history of the current and past impact of the disability on major life activities
- description of the current functional limitations as they might relate to the college experience
- description of any expected progression or stability of the disability
- description of current and present accommodations, services, and/or collateral support services

Documentation for a learning disability must be no older than three years, although previous IEP and 504 reports may be included. Most other documentation should be current within six months. Specific documentation requirements are posted on the Office of Disability Services website at www.oberlin.edu/disability.
# Disability Self-Disclosure Form

Required of students requesting accommodations

**DEADLINE: June 8, 2015**

If you have a disability and plan to seek accommodations, you must send documentation of your disability as detailed in the Services for Students with Disabilities section. All documentation will be kept confidential and separate from your student file.

<table>
<thead>
<tr>
<th>Full legal name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>Telephone: (Cell preferred)</td>
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<tr>
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<p>|Mailing address:|</p>
<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Country</th>
</tr>
</thead>
</table>

1. Describe your disability.

2. Describe how your disability affects your learning.

3. What support services or accommodations did you receive in high school and/or college?

4. What support services or accommodations do you plan to ask for at Oberlin?

The student must provide adequate documentation before receiving accommodations. Documentation from a licensed professional is enclosed being sent under separate cover.

I hereby authorize the Coordinator of Services for Students with Disabilities to receive documentation of my disability. I understand that this information is confidential and will be used as needed to provide accommodations for me at Oberlin College. I understand that the diagnosticion may be contacted for further information.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
Student Record and Course Registration Information from the Registrar

This section contains important information about your student record, registering for courses, academic advising, and using PRESTO, Oberlin's online student records system.

Student Record Information

Your personal information will be stored on your Oberlin student record. At Orientation you will be required to complete a Personal Information form. Some of this information was requested when you applied; while it may seem that we are asking for the same information again, we want to make sure that we have complete and accurate information for your student record.

Academic Advising and Planning Your Schedule

The Music Education Division director will notify the Registrar's Office prior to each summer term, semester, and winter term of the courses you will take. The Registrar's Office will then register you for classes; you will NOT register for classes on PRESTO.

PRESTO

Oberlin utilizes a web-based student records system, PRESTO (presto.cc.oberlin.edu), for such commonly used services as student record information, financial aid, and student accounts. During their term at Oberlin, MMT students use PRESTO to search for course offerings, see their personal information (such as name and address), and review their semester grades and unofficial transcript.

To log on to PRESTO, you will need the T Number (Student Identification Number) and PIN (Personal Identification Number). These numbers will be sent to you by MMT under separate cover. Remember to always capitalize the T in your T number when logging in. These numbers are confidential, and you should safeguard them while you are a student.

When you enter PRESTO for the first time, your PIN will be preset to your birth date in a six-digit MMDDYY format. For security reasons, once you sign on using that PIN, you will be told that the PIN is expired and to create a new PIN. You will be prompted to create a new PIN and a security question that will allow you to access PRESTO if you forget your PIN. Please contact the Office of the Registrar if you have questions or experience difficulties logging on. Refer to the PRESTO online instructions (www.oberlin.edu/acs/opus/prestohowto.htm) if you need immediate assistance.

Your Campus Mailing Address

Normally, all students receive their local Oberlin mail in a mailbox at the Oberlin College Mail Room; all campus offices send mail to you at this address. HOWEVER, please note that the mailroom is effectively closed from June through mid-August. At Orientation you will be given the opportunity to have mail sent to your OCMR forwarded to the MMT office or to another address during the summer. When the mailroom opens in mid-August, your mail will be sent to the mailroom and you will be responsible for checking your mailbox periodically.

Before you arrive on campus, we will assign an Oberlin Campus Mail Room (OCMR) box number. Once the mailboxes have been assigned, the box numbers will be available in PRESTO. To find out what your mailbox number will be, click on Personal Information and then on View Addresses and Phones. You will be given the combination to unlock your mailbox at Orientation. The address format for mailing items to your mailbox is:

Your Name
OCMR (your number)
135 West Lorain Street
Oberlin, OH 44074-1081

Accessing Your Oberlin E-Mail Account

In mid-May you will be assigned an ObieID and password and you will have an Oberlin College e-mail account. Your ObieID and email address will be sent to you by MMT under separate cover. Your password is set to your birthday in the MMDDYYYY format. To access your Oberlin College email account, log onto Blackboard (www.oberlin.edu/oncampus). When you log on for the first time using your ObieID (user name and password), you should change your password following the guidelines at www.oberlin.edu/cit/accounts. Official correspondence from Oberlin College will be mailed to your Oberlin e-mail address, so you must keep the account active and accessible at all times.

PLEASE REMEMBER: Your ObieID (user name and password) is different from your PRESTO username and password. You can access PRESTO with your T Number and PRESTO PIN; you can access your email account via Blackboard using your ObieID and Password.

Avoiding Student Record Holds

A student record hold— which prevents a student from enrolling— results when a student has not submitted all necessary forms and information. To see if your record has a hold on it, log on to PRESTO, select the Student Menu, and follow the Registration link to the View Holds link.
Financial Information

Known Costs
Tuition for the full 14 months of MMT Program: Provided in Admissions offer
Student Health Services Fee $230
Transportation for student teaching: $500*
(*$500 car rental and gas costs for students not having their own car. Students having their own car will be reimbursed up to $400 per semester for gas costs.)

Other costs for which you will be responsible include:
Textbooks and music: Variable
Transportation for Field Experiences: Variable
Teaching licensure application fee: approx. $160
(Initial 4-Year Resident Educator License)
BCI and FBI background checks: approx. $60
(show driver’s license; pay by cash, check, or money order; must be completed by the end of July 2015. Send a copy to Music Education Director.)
edTPA portfolio approx. $300
Ohio Assessments for Teachers: $210
Music Exam ($105); Prof. knowledge:
Multi-age (PK-12) Exam ($105)

Optional costs
Student health insurance: approx. $1,075/yr.
(See page 4)
Parking registration in campus lots: $150/yr.
(Cash or check payable to Oberlin College.
Show insurance and ownership of car information.
Complete form at www.oberlin.edu/security.)

Questions?
Division of Music Education
440-775-8297 (office)
440-775-8942 (fax)

MMT Financial Aid Officer
Carnegie Building 123
52 W. Lorain St.
Oberlin, OH 44074
440-775-5236

Personal Expenditures
The above breakdown does not include costs for housing, food, and personal items, which vary widely depending on personal choice and circumstance. A high-end estimate of monthly costs for rent, utilities, food, and personal items in Oberlin is approximately $2,000/month.

Refund Schedule
All students who withdraw or who take a medical or personal leave of absence during a fall or spring semester will be charged tuition at the rate of 10 percent of the semester charge for each week or fraction thereof spent in residence. All students who withdraw or who take a medical or personal leave of absence during a summer semester will be charged tuition at the rate of 25 percent of the semester charge for each week or fraction thereof spent in residence. If a recipient of financial aid who withdraws or takes a medical/personal leave is scheduled to receive a refund, then all or part of the refund will be used to reimburse the financial aid programs from which the student received funds.
Obie Dollars Program Deposit Form

Optional for all students

Please print or type.

DEADLINE: June 8, 2015

The Obie Dollars Program is a prepaid debit card program that allows students to use their ID card to purchase goods and services both on and off campus. The Obie Dollar declining balance account is encoded on the student’s Oberlin College ID card. Obie Dollars is a convenient and safe way for students to make purchases without having to carry cash.

On campus, students can use Obie Dollars to pay for copies at the copy machines in the college libraries, printing in computing center printer labs, laundry machines in several residence halls, event tickets at the Wilder desk, over-the-counter medications at Student Health Services, and supplies at Oberlin’s Technology Store. Each student receives a CIT lab printing allowance per semester and then pays for additional printing per page.

Students may also use Obie Dollars to buy à la carte food or meals at any of the Campus Dining Services (CDS) dining halls or retail operations, including Azariah’s Café, to supplement their weekly meals or CDS Flex Points.

A number of downtown merchants, including food, clothing, and bookstores, accept Obie Dollars. To view the current list of participating stores, go to the ID Card office’s website, www.oberlin.edu/idcardoffice/.

Obie Dollars Program Enrollment Form

To open an Obie Dollars account, go to www.oberlin.edu/cds/idcardoffice/obiedollars.html.

Questions: 440-775-8472 or resec@oberlin.edu

Oberlin College
Office of Residential Education and Dining Services
Stevenson Hall, Griswold Commons
155 N. Professor St.
Oberlin, OH 44074
2015-16 MMT Academic Calendar

Summer I 2015
Orientation
Summer Session Begins
Independence Day – no classes
Summer Session ends

Monday, June 8 (10-Noon)
Monday, June 8 (1-3:45pm)
Saturday, July 4
Friday, July 24

Fall 2015
Fall semester (module I) begins
First module courses end, noon
*Student teaching I begins
*Fall recess (Thanksgiving)
Student teaching/semester ends

Monday, August 31
Friday, October 16
Monday, October 19
November 23-27
Friday, Dec. 18

Winter Term 2016
Winter Term begins
Martin Luther King Jr. Day (no classes)
Winter Term ends

Monday, January 4
Monday, January 18
Wednesday, January 27

Spring 2016
Spring semester (module 1) begins
First module courses end
*Spring recess

Monday, February 1
Friday, March 18
Follows public school student teaching site calendar

*Student teaching II begins
Student teaching/semester ends

Monday, March 21
Friday, May 13

Summer II 2016 (tentative)
Classes begin
Classes end

Wednesday, June 8
Wednesday, July 13

*Does not follow regular Oberlin College 2015-16 Academic Calendar

+For MMT course meeting times, days and locations and MMT program policies, please go to:<http://new.oberlin.edu/conservatory/departments/music-education/index.dot/>