List of documents included in the application package

1) Application instructions (this document);
2) B.E.S.T. 2016 student application form;
3) B.E.S.T. 2016 consent and release;
4) B.E.S.T. summer program information sheet;
5) Health requirements form.

Application Instructions

To apply for the program, please submit the following documents by April 15, 2016:

- Completed 'B.E.S.T. 2016 student application' form;
- Completed 'B.E.S.T. 2016 consent and release' form (completed by parent/guardian if you are under the age of 18);
- Official transcript(s) from home institution.

Application Submission

Please email Sean McCarthy at mccarthys1@udayton.edu the following documents:

- Scanned/electronic copy of completed 'B.E.S.T. 2016 student application' form;
- Scanned/electronic copy of completed 'B.E.S.T. 2016 consent and release' form (if applicable);
- Scanned/electronic copy of official transcript(s) from home institution.

Please send your official transcript(s) from your home institution via post to:

Sean McCarthy
Enrollment Management & Marketing
University of Dayton
300 College Park
Dayton, OH
U.S.A. 45469-1310

Please bring your completed health requirements form with you to the University of Dayton for collection upon arrival.
The University of Dayton’s B.E.S.T. program is a special blend of academic and hands-on learning centered around business, engineering, science and technology.

You’ll spend four weeks on campus, learning from University of Dayton professors as you immerse yourself in the university experience.

To be eligible for consideration as a B.E.S.T. student, students must have completed at least their sophomore year of high school.

Section 1: Student Information

Last Name: ____________________________
First Name: ____________________________
Middle Name: ____________________________
Date of Birth (mm/dd/yyyy): ____________
Gender
☐ Male  ☐ Female
Are you a U.S. citizen or permanent resident?
☐ Yes  ☐ No
If no, what are your citizenship and visa statuses?
__________________________________________________________________________
Email Address: ____________________________
Phone Number: ____________________________
Permanent Address: ____________________________
Mailing Address: ____________________________
(If different from above)
Section 2: Educational Background (Home Institution)

Current High School:

Address of High School:

First Attended (mm/dd/yyyy):

Last Attended (mm/dd/yyyy):
(Leave blank if still attending)

Expected Graduation Date:

Your Intended College Major:

PARENTAL/LEGAL GUARDIAN CONSENT (If under 18 years of age)

As parent/legal guardian of this student, I authorize him/her to travel to the University of Dayton in Dayton, Ohio, for the B.E.S.T. program offered from July 11 to August 5, 2016. I acknowledge that this student has major medical insurance that will cover this child for medical treatment in the United States. I authorize the University of Dayton to make medical treatment decisions for the student in cases of emergency. In addition, emergency contact information is provided:

Name:

Address:

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Signature of Parent/Guardian:

Date:
He/she has been given approval to take courses at the University of Dayton during Summer 2016.

Name of High School:  

School CEEB Code:  

Counselor Name:  

Email Address:  

Phone Number:  

School District:  

Student's Class Standing:  
(____ of _____)  

GPA (out of 4.0):  

Would you recommend this student as having the aptitude and academic record appropriate to study at the University of Dayton in the B.E.S.T. program?  

Please state any evidence to support your recommendation:  

Signature:  

Date:  

University of Dayton  
300 College Park  
Dayton, OH  
U.S.A. 45469-1671
INFORMED VOLUNTARY CONSENT AND GENERAL RELEASE
(For parent/guardian signature of participants under age 18)

In consideration of participation in The University of Dayton activity/program as described herein, and having actual knowledge and appreciation of the particulars of the program and those risks involved in this type of activity/program, I, on behalf of my child, voluntarily consent to use of the facilities and participation in the activities/programs at this site, and assume all the risks arising therefrom.

Group Name: B.E.S.T. Summer 2016
Description: Enrollment Management – B.E.S.T. Summer 2016 Program
Location: University Summer Conference – University of Dayton Release
Date(s) of Activity/Program: July 11 to August 5, 2016

I hereby declare that my child is in good health and has no mental or physical condition or symptoms that could interfere with her/his safety or the safety of others while participating in any activity using any equipment or facilities of the University of Dayton. Furthermore, I certify that (s)he has adequate health insurance to cover any injury or damage that (s)he may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to her/him.

I, the undersigned, do hereby release, hold harmless, indemnify, waive, and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages my child may suffer or sustain from her/his participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my child’s participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton officials and Board of Trustees of University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above statements.

__________________________________________  _________________________________________
Print Name of Participant                        Print Name of Parent/Legal Guardian

__________________________________________  _________________________________________
Signature of Participant                         Signature of Parent/Legal Guardian

__________________________________________  _________________________________________
Date                                           Date
B.E.S.T. SUMMER PROGRAM 2016: INFORMATION SHEET

About the Program

The University of Dayton offers an opportunity to high school students to participate in a practical learning experience in various areas of study. B.E.S.T. focuses on Business, Engineering, Science and Technology, in which most courses are centered around hands on learning through labs and/or group projects. The program will run from July 11 to August 5, 2016 for a period of four weeks.

Academic Components of B.E.S.T.

The B.E.S.T. program allows students to undertake 6 University of Dayton credit hours, which includes:

- 3 credit English/Communication course; and
- 3 credit Engineering course OR
- 3 credit Business course.

Cost

Students will be charged $6,500 program fee, which covers:

- 6 credit hours tuition;
- Room and board;
- Meal plan; and
- Activities.

Students will be responsible for travel expenses and any other miscellaneous expenses (i.e., health insurance, textbooks) while at the University of Dayton.

Computer Requirements

All UD students are required to have a notebook computer that meets the academic hardware and software requirements of the University. Students must bring with them to the University of Dayton a laptop meeting our minimum requirements. For details, please visit http://www.udayton.edu/udit/computing_printing/student_computer_program.php.

Application/Admission Requirements

The program is open to students who have completed at least their sophomore year of high school. Students wishing to participate in the B.E.S.T. program must have a cumulative GPA of 3.0 or above and be recommended for admission into the Program by their home institution.

To apply, students must submit the completed ‘B.E.S.T. 2015 student application’ form, ‘B.E.S.T. 2015 consent and release’ form (if under the age of 18), and official transcript(s) from their home institution.

Application Deadline

All applications and supporting documents must be submitted to Sean McCarthy at mccarthy1@udayton.edu no later than April 15, 2016 to ensure acceptance letters can be sent out in a timely manner. For specific application submission instructions, please refer to the ‘Application Instructions’ document contained in the application package.
UNIVERSITY OF DAYTON HEALTH REQUIREMENTS
Return completed forms to University of Dayton Gosiger Health Center
300 College Park | Dayton, OH 45469-0900 | Phone: 937-229-3131 | Fax: 937-229-3107

Name____________________________________________________________________________________________
First                                                                                          Middle                         Last

Address___________________________________________________________________________________________
_________________________________________________________________________________________________
City                                                                                           State                          Zip
Country

Cell Phone (__________) ______________________  Email_________________________________________________

Date of Birth________/________/________   Age at the time you will enter the University__________

Student ID number (required)_________________________________

First term of Enrollment (circle)  Fall    Spring    Summer I    Summer II    Year: 20__________

Please circle:  Freshman    Law/ Grad. Student   Transfer    International Student    Commuter    Online Class Only

THIS FORM MUST BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

Required immunizations: This information must be submitted to avoid a medical hold on class registration.
Due July 1 for fall semester, Jan 1 for spring semester.

**MMR (Measles, Mumps, Rubella):** Two doses required for all students born in 1957 or later.

Dose 1– Given at age 12 months or later. Date of administration_____ /________/________

Dose 2– Given at least one month after the first dose. Date of administration_____ /________/________

Exemption: Students born before 1957 are exempt from this requirement. Proof of positive MMR titer results also satisfy the MMR requirement (attach lab reports).

**HEALTH CARE PROVIDER** (Signature or stamp required)

Name___________________________________________  Signature________________________________________
(Please print)

Address___________________________________________________________________________________________

Phone (__________) ______________________  Date____________________________________

Student name (print)_____________________________________  Student ID #_______________________________

**Meningitis and Hepatitis B vaccines** are strongly recommended. The state of Ohio requires that all students who plan to live on campus disclose whether or not they have been vaccinated against Meningitis and Hepatitis B or sign the vaccine disclosure statement (below).

Hepatitis B: Dose 1_____/______/_____ Dose 2_____/______/_____ Dose 3_____/______/_____ (required for Doctor of Physical Therapy students)

Meningococcal vaccine: Menactra____/____/_____ Menveo____/____/_____ Menomune____/____/_____

Declined meningitis or hepatitis B vaccination (student signature required, parent if student is under 18)
I have read the attached CDC guidelines and understand the associated risk of Meningococcal disease and Hepatitis B disease.

Signature_____________________________________________________________________________________  Date______________________________
OPTIONAL IMMUNIZATIONS
The following vaccines are strongly recommended, but are not required for admission.

1. Tetanus and Diphtheria (date of most recent): Tdap: ___/___/___ or Td: ___/___/___
   (Tdap is required for students who will be working in childcare settings, including some Education students.)

2. HPV (Human Papillomavirus): Dose #1: ___/___/___ Dose #2 : ___/___/___ Dose #3 : ___/___/___

3. Hepatitis A: Dose #1: ___/___/___ Dose #2 : ___/___/___

4. Varicella: Dose #1: ___/___/___ Dose #2 : ___/___/___

5. Other vaccinations (e.g. oral typhoid for travel etc.) ___________________________________________________

TUBERCULOSIS (TB) QUESTIONNAIRE Required for all students (please circle response)

1. Have you had contact with a person with active TB?    
   Yes    No

2. Have you ever lived or worked in a nursing home, correctional facility (jail/prison), homeless shelter, hospital, or other healthcare facility?    
   Yes    No

3. Do you have a chronic medical condition or take medication that impairs the immune system?    
   Yes    No

4. Have you ever used illegal IV drugs or cocaine?    
   Yes    No

5. Were you born in one of the countries listed below, or spent more than 1 month visiting these countries?    
   (If yes, please circle the country or countries, below)    
   Yes    No

Afghanistan  Côte d’Ivoire  Japan  Nicaragua  Sudan
Algeria  Croatia  Kazakhstan  Niger  Suriname
Angola  Democratic People’s  Republic of Korea  Kenya  Nigeria  Swaziland
Argentina  Brazil  Kiribati  Pakistan  Syrian Arab Republic
Armenia  Bulgaria  Kuwait  Palau  Tajikistan
Azerbaijan  Bangladesh  Kyrgyzstan  Panama  Thailand
Bahrain  Belarus  Lao People’s Democratic Republic  Papua New Guinea  The former Yugoslav
Benin  Belize  Latvia  Paraguay  Republic of Macedonia
Bhutan  Bolivia (Plurinational State of)  Lesotho  Peru  Timor-Leste
Belgium  Benin  Liberia  Philippines  Togo
Bhutan  Benin  Libyan Arab Jamahiriya  Poland  Tunisia
Bolivia (Plurinational State of)  Brazil  Lithuania  Portugal  Turkey
Brunei Darussalam  Bulgaria  Madagascar  Qatar  Turkmenistan
Burundi  Burkina Faso  Malawi  Russia  United Republic of
Burundi  Central African Republic  Malaysia  Rwanda  Tanzania
Cameroon  Chad  Maldives  Saint Vincent and the Grenadines
Cameroon  Chad  Marshall Islands  Sao Tome and Principe
Cape Verde  Central African Republic  Mauritania  Senegal
Central African Republic  Chad  Mauritius  Seychelles
Chad  Central African Republic  Micronesia (Federated States of)  Sierra Leone
Central African Republic  Chad  Mongolia  Singapore
China  Central African Republic  Morocco  Solomon Islands
Colombia  China  Mozambique  Somalia
Comoros  Colombia  Myanmar  South Africa
Congo  Comoros  Namibia  Sri Lanka

(Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of ≥ 20 cases per 100,000 population. For future updates, refer to http://apps.who.int/ghodata)

IF YOUR ANSWERED YES TO TB QUESTIONS 1-5 OR CIRCLED ONE OR MORE COUNTRIES ABOVE, THE FOLLOWING INFORMATION IS REQUIRED WITHIN ONE YEAR PRIOR TO ARRIVAL.

Tuberculin Skin Test Date given: _____/____/____ Date read: _____/____/____
Result: _______mm    Negative    Positive    (Attach results)

or TB blood test (IGRA such as T-spot or Quantiferon Gold)    
Negative    Positive    (Attach results)

Chest X-ray result (required if tuberculosis skin or blood test is positive): Date____/____/____    Normal    Abnormal    (Attach results)