



## **B.E.S.T. SUMMER PROGRAM 2015: APPLICATION INSTRUCTIONS**

### **List of documents included in the application package**

- 1) Application instructions (this document);
- 2) B.E.S.T. 2015 student application form;
- 3) B.E.S.T. 2015 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, 2015**:

- Completed 'B.E.S.T. 2015 student application' form;
- Completed 'B.E.S.T. 2015 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 Jia Jia Wei at [jwei01@udayton.edu](mailto:jwei01@udayton.edu) the following documents:

- Scanned/electronic copy of completed 'B.E.S.T. 2015 student application' form;
- Scanned/electronic copy of completed 'B.E.S.T. 2015 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:

Raji Ananthraja  
Assistant Director of International Admission  
Office of International Admission  
University of Dayton  
300 College Park  
Dayton, OH  
U.S.A. 45469-1671

Please bring your completed health requirements form with you to the University of Dayton for collection upon arrival.



## Summer 2015 B.E.S.T. Program: Student Application

*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, you must have completed at least their sophomore year of high school.*

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### 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:

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## 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 6 to July 31, 2015. 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:

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**TO BE COMPLETED AND SIGNED BY THE GUIDANCE COUNSELOR OFFICIAL**

He/she has been given approval to take courses at the University of Dayton during Summer 2015.

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 2015

**Description:** Enrollment Management – B.E.S.T. Summer 2015 Program

**Location:** University Summer Conference – University of Dayton Release

**Date(s) of Activity/Program:** July 6-31, 2015

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 2015: 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 6, 2015 to July 31, 2015**, 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](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 the Office of International Admission no later than **April 15, 2015** 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	Kenya	Nigeria	Swaziland
Argentina	Republic of Korea	Kiribati	Pakistan	Syrian Arab Republic
Armenia	Democratic Republic of the	Kuwait	Palau	Tajikistan
Azerbaijan	Congo	Kyrgyzstan	Panama	Thailand
Bahrain	Djibouti	Lao People's Democratic	Papua New Guinea	The former Yugoslav
Bangladesh	Dominican Republic	Republic	Paraguay	Republic of Macedonia
Belarus	Ecuador	Latvia	Peru	Timor-Leste
Belize	El Salvador	Lesotho	Philippines	Togo
Benin	Equatorial Guinea	Liberia	Poland	Tunisia
Bhutan	Eritrea	Libyan Arab Jamahiriya	Portugal	Turkey
Bolivia (Plurinational State of)	Estonia	Lithuania	Qatar	Turkmenistan
Bosnia and Herzegovina	Ethiopia	Madagascar	Republic of Korea	Tuvalu
Botswana	Fiji	Malawi	Republic of Moldova	Uganda
Brazil	Gabon	Malaysia	Romania	Ukraine
Brunei Darussalam	Gambia	Maldives	Russian Federation	United Republic of
Bulgaria	Georgia	Mali	Rwanda	Tanzania
Burkina Faso	Ghana	Marshall Islands	Saint Vincent and the	Uruguay
Burundi	Guam	Mauritania	Grenadines	Uzbekistan
Cambodia	Guatemala	Mauritius	Sao Tome and Principe	Vanuatu
Cameroon	Guinea	Micronesia (Federated States of)	Senegal	Venezuela (Bolivarian
Cape Verde	Guinea-Bissau	Mongolia	Seychelles	Republic of)
Central African Republic	Guyana	Morocco	Sierra Leone	Viet Nam
Chad	Haiti	Mozambique	Singapore	Yemen
China	Honduras	Myanmar	Solomon Islands	Zambia
Colombia	India	Namibia	Somalia	Zimbabwe
Comoros	Indonesia	Nepal	South Africa	
Congo	Iraq		Sri Lanka	

(Source: World Health Organization Global Health Observatory, Tuberculosis Incidence 2010. Countries with incidence rates of  $\geq 20$  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)