SUPPLEMENTAL APPLICATION PACKET

TO APPLICANT
The Supplemental Document Packet for Summer College for High School Students (SCHS) is the documentation required to complete a Summer College applicant's enrollment process. This packet is NOT a replacement for the online SCHS application. Please complete this packet and return by mail to the Office of Pre-College Programs with all required documentation (detailed in this packet). This documentation is due within 30 days of the program start date.

Inside the Packet:
1. Checklist
2. School Approval Form
3A-3C. Medical Forms
4. Ole Miss ID Form
5. Learning Style Questionnaire
6A-6D. Guidelines and Rules
CHECKLIST

Our application, registration, and enrollment processes involve several important steps. Please note that once your online application is submitted, you may send this Supplemental Document Packet at any time as long as it is returned before the stated deadline (30 days prior to the program start date). It is important that you carefully review all steps to ensure that you fully complete the process. Please contact our office with any questions.

**Be advised that a missing document will hold up the entire application process.**

**APPLICATION PROCESS (STEPS 1-2)**

- **STEP ONE:** Complete the online SCHS application and pay the $50 application fee.
- **STEP TWO:** Mail in official high school transcript (including Fall courses), Spring course schedule, and ACT/SAT scores (if applicable).

**REGISTRATION and ENROLLMENT PROCESS (STEPS 3-5)**

Once we receive all application materials (online application, transcript, course schedule, and standardized test scores), we will process your application and contact you regarding acceptance. The registration and enrollment process will begin following the student’s acceptance into the program.

- **STEP THREE:** Receive acceptance from the SCHS and return the completed and signed Cost Estimate Sheet (received after acceptance) along with the $100 Program Registration Fee.
- **STEP FOUR:** Complete, sign all pages as necessary (parent and student), and return the Supplemental Document Packet to our office at the address detailed below.
- **STEP FIVE:** Once all supplemental forms are submitted, you will receive course enrollment information.

_all supplemental documents are required within 30 days of the program start date._

**IMPORTANT:**

You will not be enrolled in classes or assigned housing until all supplemental documents are completed, signed, and received by our office.

**SUPPLEMENTAL FORMS**

- School Approval Form Form 2
- Medical Treatment Consent and Liability Release Forms Form 3A-3C
- Ole Miss ID Form Form 4
- Learning Style Questionnaire Form 5
- Summer Guidelines and Rules Form 6A-6D

**CONTACT INFORMATION**

_Summer College_  
Office of Pre-College Programs  
Division Of Outreach and Continuing Education  
P.O. Box 1848  
Suite J, Jackson Avenue Center  
University, Mississippi 38677

Phone: 662-915-7621  
Fax: 662-915-1535  
Web: www.olemiss.edu/schs  
Email: summercollege@olemiss.edu

_The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information._
**SCHOOL APPROVAL**

**Student Full Name:**

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<th>Middle</th>
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**COMPLETED BY PARENT**

I give my permission for the release of my child’s transcripts, test scores, and academic information to the Summer College for High School Students at the University of Mississippi.

Parent/Guardian Name: ____________________________

Parent/Guardian Signature: ____________________________ Date: ______________

**COMPLETED BY PRINCIPAL**

I give my unconditional recommendation for the above student to attend the Summer College for High School Students program at the University of Mississippi.

Principal Name: ____________________________

Principal Signature: ____________________________ Date: ______________

**COMPLETED BY COUNSELOR**

I give my unconditional recommendation for the above student to attend the Summer College for High School Students program at the University of Mississippi.

Name of School: ________________________________

Address: ____________________________

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Counselor Name: ____________________________ Email: ____________________________

Counselor Signature: ____________________________ Date: ______________

*Please provide a copy of this student’s standardized test scores and his/her academic transcript covering credit granted from the eighth grade until the present, including Fall of the current year. Please also include a copy of the student’s current Spring Semester course schedule. This can either be given to the student in a sealed envelope to be included in their application packet, or mailed directly to:

**Summer College**
Office of Pre-College Programs
Division of Outreach
P.O. Box 1848
University, MS 38677-1848
TREATMENT CONSENT AND LIABILITY RELEASE

This form grants permission to the Office of Pre-College Programs staff and The University of Mississippi to seek medical treatment for a student in the case of any such emergency or need to see a physician arises. This form with additional documentation is required for ALL students participating in a Summer Camp or Program. This packet is due immediately upon student’s registration. Students lacking required paperwork will not be allowed to participate in the camp or program for any reason.

Please complete and mail this form packet with the following to complete your application (address at bottom of form).

Please do not fax or email medical documents to protect you and your child’s information.

☐ Summer Medical Form (page 3A completed and signed)
☐ Medical History / Immunization Records (3B and 3C / Form No. 121)
☐ Insurance Card (front AND back copy)
☐ Parent’s Driver’s License copy

STUDENT INFORMATION

Name: ____________________________________________________________

First / Middle / Last

Birth Date: ______ / ______ / ______  Gender: _________________________

Custodial Parent/Guardian: ________________________________

Birth Date: ______ / ______ / ______

Place of Employment: ________________________________________

Home Phone: (____) _________  Cell Phone: (____) __________

Is this child covered by health insurance?  ☐ Yes  ☐ No
If no, please email summercollege@olemiss.edu to request a waiver.

Insurance Company: __________________________________________

Insurance Policy #: _________________________________________

Person Carrying Insurance: _____________________________________

If this child is covered by Medicaid, when does the current policy expire?

MEDICAL INFORMATION

Family Physician: __________________________

Physician Phone: (___) _________  Fax: (___) ____

What was the date of last Tetanus Immunization or Booster Shot?

Please attach a copy of this from your doctor’s office.

Please list any medical conditions for which your child is being treated at this time:

☐ Yes  ☐ No  Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues?
If yes, please make sure that you have seen the physician to have your child cleared for participation in this program.

List any prescription or over-the-counter medication taken (please attach any special instructions, if any):

List any food or medications your child is allergic to:

List restrictions of physical activity that applies to your child:

☐ Yes  ☐ No  Are there any disabilities or conditions that would prevent your child from participating in this program without special accommodations? If yes, what kinds of accommodations are needed?:

Students enrolled in UM undergraduate courses have access to the UM Student Health Center during regular business hours. All other students are considered visitors of the University and are taken to the Oxford Urgent Care Clinic (during regular hours) or to the Baptist Memorial Hospital Emergency Room. Please note that the Office of Pre-College Programs cannot administer any medication to participants (including over the counter medication such as Tylenol or Advil). Participants should be able to self-medicate, or parents should make arrangements in the Oxford area. Additionally, our office will not assume responsibility for holding medications.

MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment in the event of an injury or illness while attending a program sponsored by the Office of Pre-College Programs at the University of Mississippi. Furthermore, I accept responsibility for full payment of such treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.

Parent/Guardian Signature __________________________ Date ______/_____/______

The University of Mississippi does not unlawfully discriminate on the basis of race, color, gender, sex, sexual orientation, gender identity or expression, religion, national origin, age, disability, veteran status, or genetic information.
SUMMER MEDICAL FORM

MEDICAL HISTORY

This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and authorization.

Any student entering The University of Mississippi whose birthday is after January 1, 1957, is required to submit proper documentation of immunization for measles (rubeola) and rubella prior to registering for University courses. Please have your physician or local health department either fill out the compliance form (page 3C) or use the Mississippi State Board of Health Form #121 (available at local Health Department or physician’s office).

NO OTHER TYPE OF IMMUNIZATION RECORD WILL BE ACCEPTABLE.

Name: _____________________________________________________________________________

Last       First       Middle

Home Address: __________________________________________________________

No. and Street     City, State       ZIP

Birth Date: _____/_____/

Main Phone: (____)____________________

Next of Kin: ______________________________________________________________

Home Phone: (____)____________________

Address: ______________________________________________________________

No. and Street     City, State       ZIP

Work Phone: (____)____________________

PERSONAL HISTORY (Please comment on positive answers under remarks)

<table>
<thead>
<tr>
<th>Have You Had?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td></td>
<td></td>
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<tr>
<td>Scarlet Fever</td>
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<td></td>
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<tr>
<td>German Measles</td>
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<td></td>
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<tr>
<td>Migraine Headaches</td>
<td></td>
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<tr>
<td>Mumps</td>
<td></td>
<td></td>
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<tr>
<td>Head Injury</td>
<td></td>
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<tr>
<td>Chicken Pox</td>
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<td>Asthma</td>
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<td>Allergies</td>
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<tr>
<td>Surgery</td>
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<tr>
<td>Penicillin</td>
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<td>Appendectomy</td>
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<td>Serum</td>
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<td>Tonsillectomy</td>
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<td>Foods</td>
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<tr>
<td>Hernia Repair</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

Remarks or additional information (Any special requests for privileges such as access to undesignated parking areas should be stated here with a letter attached from your physician.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of Parent                  Date

If a student is under the age of 18 at the time of enrollment at The University of Mississippi, a parent must sign giving permission for treatment at Student Health Services.

Signature of Student                  Date
### IMMUNIZATION REQUIREMENT

This information is strictly for the use of Health Services and will not be released to anyone without your knowledge and authorization.

**ALL STUDENTS BORN AFTER JANUARY 1, 1957, MUST SHOW PROOF OF TWO (2) RUBEOLA, TWO (2) RUBELLA AND (2) MUMPS SHOTS AFTER FIRST BIRTHDAY (Given usually in form of MMR). THIS MUST BE RECEIVED PRIOR TO REGISTRATION.**

Name: 

<table>
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<th>Last</th>
<th>First</th>
<th>Middle</th>
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Birth Date: __________ / __________ / __________

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<thead>
<tr>
<th>Vaccine</th>
<th>1st Vaccination</th>
<th>2nd Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola</td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
<tr>
<td>Rubella</td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
<tr>
<td>Mumps</td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
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</tbody>
</table>

**OR**

RUBEOLA, RUBELLA, and MUMPS may be given instead of MMR immunizations.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>1st Vaccination</th>
<th>2nd Vaccination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola</td>
<td>Month / Day / Year</td>
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<td>Month / Day / Year</td>
</tr>
<tr>
<td>Mumps</td>
<td>Month / Day / Year</td>
<td>Month / Day / Year</td>
</tr>
</tbody>
</table>

**OR**

Proof of immunity may be provided through serologic testing, or from record of having all of the diseases:

- Serologic confirmation of immunity to Rubeola. Copies of lab results must accompany form.
- Serologic confirmation of immunity to Rubella. Copies of lab results must accompany form.
- Serologic confirmation of Mumps. Copies of lab results must accompany form.
- Had Rubeola (red measles). attach office records
- Had Rubella (German measles). attach office records
- Had Mumps. attach office records
- Medically contraindicated because of pregnancy, allergy to vaccine, immune compromised, etc.

List Reason(s):

____________________________________________________________________________________________

If temporary, when can the vaccination be given?

_________________________________________________________________

**Other recommended but not required immunizations:**

- DT/DTaP: Last Date __________  
- Polio: Last Date __________  
- Meningitis: Date __________  

- Varicella: Date __________  
- Hepatitis B Series: 1st Date: __________; 2nd Date: __________; 3rd Date: __________

All documentation MUST be signed by a physician or authorized health care provider and accompanied by an office stamp with address.

**Signature of Health Care Provider**

__________________________

**Date**

__________________________

Address  

City / State / Zip  

Phone No.  

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OLE MISS ID FORM

When preparing to participate in the Ole Miss Experience, one of the first steps is obtaining an Ole Miss ID Card. Having an Ole Miss ID Card is mandatory; it identifies you as an Ole Miss student, gives you access to your residence hall, allows access to the library both in person and via the web, and other campus facilities and events. The ID Card is also the means by which you will access your meal plan.

Complete this form and return it with a color head-shot photo. Please do not send full-body shots or pictures in which you are wearing a hat or any other head-covering. Most school photos meet these demands, and are more than acceptable. This is the fastest way to obtain your ID Card. Moreover, this way you get to choose your picture for your ID and avoid standing in line!

YOU MUST SEND A PICTURE WITH THIS FORM IN ORDER TO HAVE AN ID CARD AT REGISTRATION

PLEASE PRINT YOUR NAME LEGIBLY AND ATTACH PHOTO IN BOX BELOW

LEGAL Last Name: ____________________________

LEGAL First Name: ____________________________

ACCEPTABLE PHOTOS
School Portrait Photo
Passport Photo
Headshot

PHOTO DON'T's
Hats or Caps
Head-coverings
Full Body Shots
Group photo
Sunglasses
Black and White photo

PHOTOS MAY BE EMAILED TO SUMMERCOLLEGE@OLEMISS.EDU

ATTACH COLOR WALLET SIZE PHOTO
### LEARNING STYLE QUESTIONNAIRE

**Student Full Name:**

<table>
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<th>Last</th>
<th>First</th>
<th>Middle</th>
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While you are with us this summer, we want to create—to the extent we can—the environment that helps you learn best. In an effort to do that, we are asking you to complete the questionnaire below by checking those items that best describe you. We will use this information to pair you with a roommate.

#### ENVIRONMENTAL STIMULI

**SOUND**
- [ ] I concentrate best when it is quiet.
- [ ] I can concentrate with a little noise.
- [ ] I can’t concentrate without a little noise.
- [ ] I can block out noise.

I like (kinds of music): __________________________

I can’t stand (kinds of music): _______________________

#### TEMPERATURE
- [ ] I can concentrate if I’m warm.
- [ ] I can concentrate if I’m cold.

#### DESIGN
- [ ] I like to sit on the floor when I’m studying.
- [ ] I like to sit at a desk or table when I’m studying.
- [ ] I like to sit on a soft couch or chair when I’m studying.
- [ ] I find it difficult to study at school.
- [ ] I finish all of my homework at school.
- [ ] I can study almost anywhere.

**I like (kinds of music):** __________________________

**I can’t stand (kinds of music):** _______________________

#### LIGHT
- [ ] I like lots of light.
- [ ] I like dim light.

#### EMOTIONAL STIMULI

**PERSISTENCE**
- [ ] I try to finish what I start.
- [ ] I sometimes lose interest in things I begin to do and stop.
- [ ] I rarely finish things that I start.
- [ ] I like to get things done so I can start something new.

**RESPONSIBILITY**
- [ ] I often have to be reminded to do my homework.
- [ ] I remember on my own to get things done.

#### SOCIAL STIMULI

**HABIT**
- [ ] I like to work alone.
- [ ] I like to work in a small group.
- [ ] I like adults nearby when I’m working alone or with a friend.
- [ ] I like adults to stay away until my group complete our work.
- [ ] I leave most jobs for the last minute.
- [ ] I enjoy doing something over and over again when I know how to do it well.

**MOBILITY**
- [ ] When I study, I stay with it until finished and then get up.
- [ ] I can work best for short amounts of time with breaks.
- [ ] It’s difficult for me to sit in one place for a long time.

The best roommate for me would be someone who:

My favorite recreational activities are:

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The Office of Pre-College Programs hosts a wide variety of academic programs during the summer. Programs include Summer College for High School Students, Lott Leadership Institute, one-week camps and programs, research programs, and more. All students participating in these programs are obliged to comply with the same rules and regulations.

CHECK-IN AND ORIENTATION
Registration will be held in the lobby of the Residential College South. Please consult the program’s website for dates and times; however, students will receive an email two weeks prior to your session with information about check-in, move-in, and orientation. Following move-in, there will be a brief orientation for students and parents. **Attendance is mandatory for students and encouraged for parents.** After orientation, parents are free to go, and students will be given directions about our evening activities and welcome dinner.

OVERVIEW OF ACTIVITIES DURING THE PROGRAM
The purpose of all our programs is to introduce students to college. Daily schedules are filled with morning and afternoon classes, lab times, meetings with professors, and even some tours of facilities that students would not normally see on a visit to UM. Students will get to peek inside the athletic facilities, tour performing arts facilities, visit with researchers in labs on campus, and hear about cutting edge technologies that are all part of the college campus. However, a big part of college life revolves around meeting friends, studying in groups, learning how to navigate the library, and networking with students and college personnel. We have a wide variety of activities planned for students that include panel discussions in the academic subjects, meetings with current UM student leaders to hear about issues that affect college students, sports tournaments, cultural and recreational activities.

**Attendance to Activities:** For students to benefit from the college experience, they are expected to attend all activities, as well as all of their classes. Students may be given an option to attend some events or activities, but **community activities are mandatory.**

**Dormitory Information:** Students will be housed in the Residential College South.

**Residential College South** includes furnished suites with bathrooms that are shared with only a student’s roommate, wireless Internet, laundry room, and a high technology security system. Each floor is equipped with a TV room and a kitchen with a microwave oven. Each room is equipped with two extra large twin beds, a small refrigerator, two chairs, two desks and two cabinets. These small cabinets are lockable, so bring your own padlock.

Room assignment will be given at check-in. For a more enriching cultural experience, a student may be assigned a roommate from a different state, region, or country. Males and females are housed separately, and international students are roomed with American residents or with another international student who speaks a different language than their own. **Students may not request a specific roommate.**

The University of Mississippi has strict policies for minors attending summer programs; therefore, all residential students participating in our programs are required to live in the same residence as the rest of the students enrolled in our programs. No independent living arrangements are allowed. Students are required to stay inside the RC (Residential College) from 10:00 pm to 6:00 am. All students housed in University residences must abide by UM housing rules.

**THE SHORT AND SWEET HOUSING NO-NO LIST**

ALCOHOL, ILLEGAL DRUGS, CANDLES, INCENSE, SMOKING, VAPING, WEAPONS, COOKING APPLIANCES, PETS, HALOGEN LAMPS, DOUBLE-STICK TAPE, DUCT TAPE, TAMPERING OF FIRE SAFETY EQUIPMENT, REMOVAL OF FURNITURE, HANGING OR THROWING THINGS OUT WINDOWS, DAMAGING WALLS, FURNITURE, OR VENDING MACHINES, FIGHTING, STEALING, VANDALISM, HARASSMENT, HALL SPORTS, LOUD NOISE.

For a complete list of activities not allowed at the Residential College, please visit [www.olemiss.edu/schs/conduct_policies](http://www.olemiss.edu/schs/conduct_policies)

The student will be responsible for any damage to their room during your stay at the University. If a student has any accidental damage, please notify their counselors immediately. A lost key results in a $30 dollars replacement. If a student locks their key in their room, Student Housing will charge students $5 to let them in.

**Meals:** A meal plan is required for all residential students. The meal plan we have selected allows the student to have 2 meals a day from Monday to Friday at the Rebel Market with Express cash for meals, snacks, etc. The student’s meal plan is loaded on a card you will receive at check-in. Please visit the program’s website for details about the meal plan.
SUMMER COLLEGE FOR HIGH SCHOOL STUDENTS • THE UNIVERSITY OF MISSISSIPPI

SUMMER GUIDELINES AND RULES

What to Bring: Students should bring **linens for an extra-long single bed**, personal hygiene items, toiletries, shower shoes, toilet paper, and cleaning supplies. We also recommend students to bring school supplies such as notebooks and pens. Students can bring their own computer and printer, although students can also use the computer labs on campus. For safety reasons, do not bring jewelry, a lot of cash or other valuable items. We also suggest students to pack comfortable summer clothes, sportswear such as swimsuit, tennis shoes, etc. and Sunday dress attire to attend church on Sundays. For more information, please check the program’s website.

Leaving Campus during the Program (High School Programs Only): Due to the amount of activities we host during the week, we strongly discourage requests to leave campus on weekdays. In the case that it is necessary, we request that students’ parents follow the procedures for checking out and fill out the form found at [www.olemiss.edu/schs](http://www.olemiss.edu/schs) 24 hours prior to your departure. We also ask parents to check out students ONLY between 6:00 pm and 7:00 pm on weekdays and to have them back before 9:30 pm. Request to leave campus at a different time must be discussed with the program director.

Check-Out Procedure: Student safety is our priority. For that reason, it is of great importance that students and their parents understand how to check out correctly when leaving campus.

1) Parents are required to complete a “Student Leave Form” on our website ([www.olemiss.edu/schs](http://www.olemiss.edu/schs)) 24 hours prior to the student’s departure.
2) Students are required to notify their counselor at least 24 hours prior to their departure.
3) When the student is ready to leave, they must sign out at the desk. **Please make sure the student leaves campus at the designated times only.** The parent listed on the leave form will be called at this point if he/she is not present to check them out. The student will not be able to leave campus until the parent is contacted.
4) The student must sign back in upon return, notify their counselor and return any car keys, if they drove back.

Visitors: Due to the strenuous schedule of activities during the program, **off-campus visitors are not allowed during the week**. For all students’ safety, **no visitors are allowed in the students’ rooms, including parents**, unless they are assisting with move-in or move-out. Visitors are allowed in the common areas of the residence hall. Weekend visitors other than parents must be cleared through the program’s office prior to their arrival.

Automobiles: If a student brings their automobile, he/she must **purchase a parking permit** from Parking and Transportation Services. The use of an automobile while in attendance to the program will be limited to traveling home on weekends, and only with the permission of the student’s parents and the Director’s approval. A student cannot drive their car at any other time. Car keys should be turned in to their counselors as soon as unpacking is completed. SCHS counselors and staff will take the student where they need to go off campus, including weekly Walmart runs.

Religious Worship Services: Individual preferences for church/religious services will be honored. Arrangements to attend Sunday services should be made with counselors or staff. Oxford has a Mosque, but not a Synagogue.

Transportation to and from Campus: A student may reach the University by plane, taxi, or private automobile. If a student would like us to pick them up, flights must be arranged to and from Memphis International Airport. If a student plans to arrive by plane, please fill out the shuttle request form at [www.olemiss.edu/schs](http://www.olemiss.edu/schs). We will provide shuttles free of charge as long as your flight does not arrive later than 10:00 pm or before 8:00 am. Please contact us if you have any question regarding shuttles times.

Emergency: In the event of an emergency during business hours (8AM-5PM CST), please call our office at 662-915-7621. If the emergency happens after hours or during the weekend, please call the emergency number that will be provided during orientation. If an emergency occurs on campus, you must contact a counselor, staff, or the Director immediately. Contact lists for the staff and other emergency numbers will be given at registration and orientation.

Mailing Address: The student’s mailing address on campus will be in the format below. All mail will be dispersed during daily announcements. Due to the short length of some programs, we strongly discourage mailing any unnecessary items as they may not arrive by the end of the program. Note: UPS and Fedex will ONLY deliver to our physical address, not the post office box.

<table>
<thead>
<tr>
<th>USPS Mail:</th>
<th>UPS or FEDEX Mail:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name</td>
<td>Your Name</td>
</tr>
<tr>
<td>Division of Outreach</td>
<td>Division of Outreach - SCHS</td>
</tr>
<tr>
<td>Pre-College Programs</td>
<td>The University of Mississippi</td>
</tr>
<tr>
<td>P.O. Box 1848</td>
<td>1111 West Jackson Avenue</td>
</tr>
<tr>
<td>University, MS 38677-1848</td>
<td>Oxford, MS 38655</td>
</tr>
</tbody>
</table>
All Pre-College Programs participants are expected to conduct themselves responsibly, honestly, and with due consideration for others. This expectation for mature and responsible conduct also encompasses accountability for one’s own well being, including responsible decision-making regarding physical and mental health. All participants of our programs must familiarize themselves with the general guidelines and the rules. Because students are expected to show good judgment at all times, not every kind of misconduct or behavioral expectation is codified here. The following information is to advise you of arrangements, rules, and general expectations. Once you (the student) have read them carefully, please send the last page of these guidelines signed by you and your parents.

1. DRUGS AND OTHER SUBSTANCES RULES
The Office of Pre-College Programs has a ZERO TOLERANCE POLICY for consumption, possession, distribution, solicitation, assistance in the acquisition, transmission, trafficking, manufacturing or attempt to manufacture alcohol, illegal drugs, or drug paraphernalia any time while enrolled in any of our programs, whether on campus, off campus, or at a private gathering.

PARTICIPATION IN AN INCIDENT OR ATTENDING A GATHERING INVOLVING ALCOHOL, ILLEGAL DRUGS, AND/OR THE MISUSE OF PRESCRIPTION DRUGS OR OTHER MEANS EMPLOYED TO INDUCE RESULTS OF EFFECTS SIMILAR TO INTOXICATION OR IMPAIRMENT IS CAUSE FOR IMMEDIATE DISMISSAL FROM THE PROGRAM, EVEN WHEN THE ONLY EVIDENCE IS SOCIAL MEDIA.

2. VIOLENCE AND ASSAULT RULES
Cases of assault and sexual misconduct are not tolerated in any of our programs. If you are a victim or a witness of a violent act or assault, you must report it to your counselor or the program director immediately. Our staff will report it to University Police (662-915-7234), the Title IX Coordinator (662-915-7045), and Mississippi Department of Human Services (800-222-8000) and provide a written notification as soon thereafter as possible. If the Program Director may be involved in the suspected assault or abuse, the person should report the suspected assault or abuse to the University’s Title IX Coordinator.

Taking pictures of other participants and/or counselors and posting them on social media with intentions of harming, bullying, mocking, or showing disrespect is not tolerated. Students involved in such conduct will be subject to disciplinary procedures.

3. VISITS TO OTHER BUILDINGS AND VISITOR RULES
a. It is strictly forbidden for a Pre-College Programs student to visit any other resident halls, fraternity or sorority houses, or campus apartments. These facilities are OFF-LIMITS AT ALL TIMES. This includes the public lobbies. Visiting other residence halls is cause for dismissal of the program.

b. No visitors are allowed in your room, including parents or family members unless they are assisting you with move-in or move-out.

c. You cannot visit other students’ rooms after 10:30 pm. If it is an emergency, you have to contact your counselors immediately. Failure to comply will lead to a disciplinary procedure.

4. LEAVING CAMPUS RULES
a. You are not allowed to leave campus by yourself at any time unless you are checked out. Counselors, instructors, and/or staff members have to accompany you if you leave campus. There is no exception to this rule; failure to comply will result in dismissal from the program.

b. You are not to drive your car or ride in any non-University vehicle while attending the program. Even if you are leaving with family members, you should complete the Check-Out Procedure 24 hours prior to your departure.

c. It is mandatory for you and your parents to follow the Check-out Procedure and to adhere to the designated check-out times.

5. UNIVERSITY RULES
a. All Pre-College Programs participants must abide by all University of Mississippi rules and regulations. This includes the University of Mississippi Minors on Campus policies, Residence Hall Code of Conduct, Academic Codes, UM Creed, and Pre-College Programs Rules. Failure to comply with any of these rules can lead to disciplinary procedures.

b. Pre-College Programs students living in any of the University Residence must comply with Residence Halls Rules. For detailed information, please visit http://www.outreach.olemiss.edu/schs/conduct_policies

6. RESIDENTIAL SUMMER PROGRAMS RULES
a. You must attend announcements from Monday to Friday at 5:00 pm
b. You must attend community activities right after announcements.

c. You must be inside your room at 10:30 pm every day (except for days when activities run later)
d. You must be inside the residence hall at 10 pm every day.

Continued
Major vs. Minor Rule Violations: Minor violations are when a student intends no harm or disrespect for the rules. For example, being too boisterous in the dorm is usually a minor violation, as is being five minutes past curfew. Major violations are when the student shows malice or disrespect of the rules. For example, intentionally harming another student is a major violation, as is breaking one of the program rules (page 6C). In the above minor violation examples, being boisterous in the dorm rises to major level if someone is caused harm or if a student intentionally disregards warnings. A curfew violation would rise to major level if it were repeatedly by more than 10 minutes, or if a student was being disrespectful by doing everything possible to be late coming into the dorm or going to his/her floor.

Penalties for minor rule violations include loss of privileges, such as the ability to leave the dorm after dinner. THE ONLY PENALTY FOR A MAJOR RULE VIOLATION IS DISMISSAL FROM THE SUMMER COLLEGE PROGRAM!

If a student is suspected to have broken a major rule, they are subject to a room search and a student investigation will be opened. Our staff will follow the steps below during the investigation:

1. Cell phones from all students involved will be taken from students.
2. Students will be separated and facts will be gathered. Depending on the severity of the situation, University Police could get involved at this step.
3. One of three actions will be taken according to the rules and general guidelines of The University of Mississippi and the Office of Pre-College Programs:
   A. Take no action
   B. Place student on probation (where a student will stay in his/her room for a set amount of time and only leave for academic reasons and to eat)
   C. Send student home. (All expenses are non-refundable)
4. Once the investigation is over and a decision about action has been made, parents for all parties involved will be contacted and given a full report.

GUIDELINES AND RULES ACKNOWLEDGEMENT, AGREEMENT, AND PARENTAL CONSENT

I have read and understand the rules, regulations, and guidelines that apply to Summer College for High School Students run by the Office of Pre-College Programs at the University of Mississippi.

I agree to abide by these rules and accept the consequences of breaking any of them.

Student Printed Name: __________________________________________________________

Student Signature __________________________________________ Date ____________

As the Parent/Guardian, I also agree to the guidelines and rules of the Office of Pre-College Programs at the University of Mississippi and consent to the following:

☐ Yes ☐ No Photographed/videotaped for instruction?

☐ Yes ☐ No Photographed/videotaped for publicity?

☐ Yes ☐ No Taken on off-campus trips by the University of Mississippi?

☐ Yes ☐ No Taken on weekend trips by the University of Mississippi?

Parent/Guardian Signature __________________________________________ Date ____________