

Wesleyan University

**Office of Admission
70 Wyllys Avenue
Middletown, CT 06459**

INFORMATION FOR OVERNIGHT VISITORS TO WESLEYAN UNIVERSITY

(Please print this, retain the top sheet, and fill out the 2nd sheet.)

Welcome to Wesleyan! Campus visits are an excellent opportunity for you to learn more about life as a Wesleyan student. We urge you to experience the various academic, social, and residential components of a Wesleyan education.

As a guest, Wesleyan requires that you assume the same responsibility for your own actions that Wesleyan students have assumed. Please read the following statement and sign your name to indicate that you understand the statement. If you do not understand the statement or how it applies to you, please ask a member of the Admission staff or Dean's Office to explain it to you before you sign.

I am aware that although Wesleyan University has agreed to host me overnight, neither the Office of Admission nor any other office or personnel of Wesleyan University will be supervising me at all times during my stay on campus. Visiting students, like enrolled students, are responsible for their behavior as adults within the expectations described below.

I am aware that participants in on-campus visitation programs are required to abide by Connecticut state law and the Code of Non-Academic Conduct which governs students enrolled at Wesleyan University. I acknowledge that Connecticut law prohibits all use of illegal drugs and prohibits the drinking of alcoholic beverages by persons under 21 years of age.

Further, I understand that any negative behavior during my campus stay will be considered by the Admissions Office. Any violation of the rules stated above or any damage to Wesleyan property may impact my application to Wesleyan.

PLEASE COMPLETE PERMISSION FORM ON PAGE 2

PERMISSION/MEDICAL RELEASE FORM

This form is required for any visiting student. Please complete the form and bring it with you to campus. You will not be allowed to stay overnight without this form.

Name of Student: _____ Date of Birth: _____

Home Address: _____

Student Cell Phone: _____

Parent/Guardian Name: _____

Day Phone: _____

Cell Phone: _____

Evening Phone: _____

EMERGENCY CONTACTS (IF PARENT/GUARDIAN CANNOT BE REACHED):

| NAME | RELATIONSHIP | TELEPHONE # |
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ALLERGIES/MEDICATIONS:

Student's Allergies: _____

Student's Current Medications: _____

SPECIAL MEDICAL PROBLEMS:

I give permission for my son/daughter named above to visit Wesleyan. I hereby release, indemnify and hold harmless Wesleyan University, its trustees, officers, agents and employees from any and all liability, damage, claim of any nature whatsoever arising out of or in any way related to my child's participation in this visit to Wesleyan. In case of an emergency and if we cannot be reached, we the undersigned parent or guardian of the above-named child, do hereby authorize a representative of Wesleyan University to consent to any medical treatment or care deemed advisable.

Signature of Parent/Guardian: _____

Date: _____

I have read and fully understand all the provisions of the Permission/Release form. I have also read and agree to comply with the Visitation Agreement.

Signature of Student: _____

Date: _____