



SAINT JOSEPH COLLEGE

CONNECTICUT

In order to register for classes this form must be submitted. Transfer and graduate students can send records from prior college.

Student Name _____
Please Print Last First M.I. Maiden/Birth Name

Address _____
Street City State Zip

Phone (____) _____ E-mail Address _____

Date of birth _____ Social Security Number _____ - _____ - _____

Division in which you will enroll: _____ Undergraduate _____ Graduate

Undergraduate: _____ Freshman _____ Transfer _____ Second degree _____ Readmission

(Undergraduates please circle: Women's College / Weekend Program for Adult Learners)

Enrollment Status: _____ Full-time _____ Part-time Resident: (circle) yes no

PLEASE ATTACH COPY OF COMPLETE IMMUNIZATION RECORD OR HAVE SCHOOL NURSE OR HEALTH CARE PROVIDER OFFICE COMPLETE FORM. For immunity by titer, laboratory report must be attached.

Required Immunizations

1. MMR (measles, mumps & rubella). 2 doses Date # 1 _____ Date # 2 _____
 # 1 must be after first birthday and 1/1/69 #2 after 1/1/80.

OR

2. Measles (rubeola) 2 doses Date # 1 _____ Date # 2 _____
 # 1 must be after first birthday #2 after 1/1/80.

AND

3. Rubella (german measles) 1 dose Date # 1 _____
 Must be after first birthday and 1/1/69.

4. Residential students : 1 dose of meningococcal vaccine. Date # 1 _____

Name of physician or nurse _____

Signature of physician or nurse _____ Date ____ / ____ / ____

Address _____
Street City State Zip

Fax number _____ Phone _____

Please return the completed form to:

Health Services
 Saint Joseph College
 1678 Asylum Avenue
 West Hartford, CT 06117-2791
 Phone: 860.231.5530 Fax: 860.231.6794