Pacific Islands University Intent to Transfer to Guam Campus

Residency requirements for PIU transfer students:

Students desiring to transfer to PIU Guam after having studied at other PIU teaching sites are welcome to do so. We look to these students to be good examples and leaders for our student body socially, spiritually, academically, morally, and in all other areas of personal lifestyle.

Any student or prospective student from another PIU teaching site who desires to live in the dorm, and or take classes on the Guam campus, please follow the following registration procedure:

- 1) Fill out and submit the enclosed transfer form.
- 2) Submit a copy of your passport or birth certificate.
- 3) Have the enclosed health form filled out by a physician with all required immunizations and PPD test up-to-date.
- 4) Read and sign the Standards of Behavior form

Please submit these forms to the Guam Campus no later than July 1.

Upon completion of the above, the transfer student will be allowed to live in the dorm if there is space available. A room deposit of \$50.00 has to be paid when he/she receives the dorm key. This fee is in addition to the room and board fees. If, when the student checks out of the dorm at the end of the semester, the room is left clean and in good repair, the deposit will be returned.

Intent to Transfer Form



Pacific Islands University Registrar 172 Kinney's Rd. Mangilao, Guam 96913

Tel: 671-734-1812, Fax: 671-734-1813

E-mail: admissions@piu.edu

| Date: | | | | | | |
|--|---------------------------|-----------------|------------------|-----------------|----------|--|
| Name: | | | Social | Sec. Number: | | |
| Last | First | Middle | | | | |
| Mailing address:_ | Address | City/Island | State | | Zip code | |
| Telephone: | | | Email: | | | |
| Date of birth: | Place of b | irth: | | | □ Female | |
| Registration for: | Fall Semester | ☐ Spring | Semester | ☐ Summer Sen | nester | |
| Transferring from: | Chuuk campus/TF | ☐ Palau | TF | ☐ Yap TF | | |
| Number of years a | attended at PIU: | | | | | |
| Indicate the progra | am of study you are en | olled in at PIU | J: | | | |
| ☐ Certificate in B | iblical Studies | | ☐ Diploma in Bib | lical Studies | | |
| ☐ Associate of Arts Degree in Biblical Studies ☐ Associate of Arts Degree in Liberal Studies | | | | | | |
| ☐ Bachelor of Arts Degree in Biblical Studies ☐ Bachelor of Arts Degree in Liberal Studies | | | | | | |
| | | | | - | | |
| Where do you exp | ect to live while studyir | g at PIU | | | | |
| ☐ I need a | a room in the dorm | ☐ I will liv | e at home and co | mmute to school | | |
| Notes: | | | | | | |
| Signature: | | | | | | |

Pacific Islands University maintains a policy of non–discrimination on the basis of race, color, national origin, sex, or age as required by Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, and Age Discrimination Act of 1975. (Approved by PIBC Board of Trustees, April 6, 1992.)

Health Report



Pacific Islands University Registrar 172 Kinney's Rd. Mangilao, Guam 96913

Tel: 671-734-1812, Fax: 671-734-1813

E-mail: admissions@piu.edu

To the Student: PIU requires that each student submit a medical history. Student's health records are for the use of the school, and will not be released or disclosed to anyone without the student's knowledge or permission. This information is treated confidentially and does not become part of your academic records.

| . To be completed by Stude | ent: | | |
|-----------------------------|----------|-------|---------|
| Name of Applicant: | | | |
| Last | First | | Middle |
| Date of Birth: | <u> </u> | □Male | □Female |
| n Case of Emergency Notify: | | | |
| | Name | | Phone |
| Addres | S | | |

PERSONAL HISTORY

Please indicate YES or NO in all questions. Make appropriate comments in the space provided below or on a separate sheet of paper.

| paper. | | | | | | | | |
|--------------------------|-----|----|-------------------------|-----|----|----------------------------|-----|----|
| Have you had? | YES | NO | Have you EVER had? | YES | NO | Do you FREQUENTLY | YES | NO |
| | | | | | | have? | | |
| Scarlet fever | | | Pain in the chest | | | Insomnia (can't sleep) | | |
| Rheumatic fever | | | Shortness of breath | | | Anxiety, Worry | | |
| Measles | | | Asthma | | | Depression | | |
| German Measles | | | Hay Fever | | | Nervousness | | |
| Mumps | | | Allergy | | | Stomach Trouble | | |
| Chicken Pox | | | Tuberculosis | | | Diarrhea | | |
| Malaria | | | Tumor or Cancer | | | Dizziness, Faintness | | |
| Venereal Disease | | | | | | Palpitation | | |
| Recent Weight Gain/Loss | | | | | | Headaches | | |
| Any Surgery | | | | | | Colds, Sore Throat | | |
| Any illness or injury or | | | Treatment for a nervous | | | Has your physical activity | | |
| been hospitalized other | | | condition or mental | | | been restricted? | | |
| than already noted? | | | condition or mental/ | | | | | |
| (Give details) | | | emotional problem? | | | | | |
| (/ | | | (Give details) | | | | | |

NOTE: Information regarding handicaps, voluntarily given or inadvertently received, will not adversely affect any admissions decision.

Details:

Weight_____ Blood Pressure_ Height Right Eye_____ Left Eye____ Vision: Hearing: Right Ear Left Ear ☐ Yes ☐ No Is the Applicant currently on any medication? If ves, please list medications and reasons In your judgment, is the student physically and mentally fit for intensive, continuous study on a college level and to participate in a Physical Education program? ☐ Yes ☐ No If no, please explain____ Pacific Islands University requires all newly entering students to be immunized against MEASLES and RUBELLA (GERMAN MEASLES). This medical requirement will be strictly monitored and enforced due to the increasing occurrence of measles in adults throughout the Pacific and the United States. It is recommended that these immunizations be administered before coming on campus. We also require up-to-date DPT and Polio immunizations. **IMMUNIZATIONS** Please insert date of last immunization: | #1 | #2 | #3 | #4 | #5 | A. MMR B. Polio C. DPT D. Hep. B (Optional) PPD Date Given: Date Read: Results: (mm)_____ If PPD Test is positive, please see attached Form! ★ Student must show valid documentation of tuberculin skin test result conducted within six months prior to entry into PIU. Comments: Signature of Provider Date Name and Title (Print)

Address

II.

To be completed by Medical Provider:

III. TB Clearance (Only needed if PPD Test is positive)

| Date of Chest x-ray: | esult: ate read: Result: ate read: Result: Yes |
|---|--|
| Date of latest PPD skin test: | ate read: Result: ate read: Result: Yes |
| Date of Chest x-ray: Date Is Tuberculin (Mantoux) skin test positive? A recent contact to an active TB person? Is the person Symptomatic? Yes Sputum smear Sputum Ct Chemoprophylaxis? None 6 months Types of drugs (Preventive Treatment) taken and de Date started Preventive Treatment: Date Preventive Treatment completed: On preventive treatment now? Yes Chest x-ray Suggestive of Tuberculosis? Previous Diagnose of Tuberculosis? | Ate read: Result: Yes |
| Is Tuberculin (Mantoux) skin test positive? A recent contact to an active TB person? Is the person Symptomatic? Sputum smear Sputum Completed: Types of drugs (Preventive Treatment) taken and described preventive Treatment: Date Preventive Treatment completed: Date Preventive Treatment completed: On preventive treatment now? Chest x-ray Suggestive of Tuberculosis? Previous Diagnose of Tuberculosis? | Yes □ No Yes □ No No □ No Culture □ 9 months □ 12 months |
| A recent contact to an active TB person? Is the person Symptomatic? | Yes □ No No □ No Culture □ 12 months |
| Is the person Symptomatic? | No Culture □ 9 months □ 12 months |
| Sputum smear | Culture ☐ 9 months ☐ 12 months |
| Chemoprophylaxis? ☐ None ☐ 6 months Types of drugs (Preventive Treatment) taken and described Date started Preventive Treatment: Date Preventive Treatment completed: On preventive treatment now? ☐ Yes ☐ Chest x-ray Suggestive of Tuberculosis? ☐ Previous Diagnose of Tuberculosis? ☐ | ☐ 9 months ☐ 12 months |
| Types of drugs (Preventive Treatment) taken and demonstrated Preventive Treatment: Date Preventive Treatment completed: On preventive treatment now? Yes Chest x-ray Suggestive of Tuberculosis? Previous Diagnose of Tuberculosis? | |
| ■ Date started Preventive Treatment: ■ Date Preventive Treatment completed: ■ On preventive treatment now? ☐ Yes ☐ Chest x-ray Suggestive of Tuberculosis? ☐ Previous Diagnose of Tuberculosis? ☐ | |
| Extrapulmonary Tuberculosis? | |
| On TB treatment for: 6 months 12 months Types and doses of TB drugs taken: Date TB treatment completed: Comments: | D.O.T.? ☐ Yes ☐ No |
| Signature of | of Physician Date |
| Name and Ti | Title (Print) |



Pacific Islands University

STANDARDS OF BEHAVIOR FOR PIU STUDENTS

Personal spiritual growth is a basic purpose of PIU. The faith, attitudes and behavior of all members of the PIU family need to grow more like Christ inside and outside the classroom. This means that each individual at PIU must agree to accept the Word of God as authority and humbly submit in heart, mind and life to our Master, Jesus Christ.

In addition, it is important to learn to live in a community. God calls staff and students from different cultural and church backgrounds. This complicates daily life on PIU campus, for Christians are not in agreement about some aspects of Christian life. The Board of PIU has carefully considered cultural and ecclesiastical concerns and agreed upon some standards of behavior for PIU students and staff members. For the sake of maintaining a healthy campus community, PIU specifically prohibits the possession and use of tobacco, illegal drugs, alcohol, and betel nut on school property or at school sponsored activities. Furthermore, PIU expects students to live lives that are consistent with biblical principles. We understand drunkenness, sexual immorality, gossip, slander, profanity, ethnic or cultural discrimination, dishonesty, stealing, plagiarism, etc. to be inconsistent with biblical living. We expect all PIU students to be active participants in the life of a local church and to strive for academic excellence. PIU will attempt to deal with these issues firmly and redemptively. These and other important standards are described further in the Student Handbook and must be followed by each student.

When necessary, there is a policy for rebuke and discipline, also described in the Student Handbook. Any discipline will be based on scriptural principles with the purpose of correcting the quality of our relationships with Christ and with one another. The key to all of this is Christian love, which compels us to submit to God and to one another.

| Signature | Print Name | Date | |
|---------------------|---------------------------------|-------------------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| I agree to submit t | o PIU rules, standards and autr | iorities as iong as i am enro | olled by the school. |