

# FIRST-YEAR STUDENT CHECKLIST

Complete the following items before classes start

## BEFORE ATTENDING ORIENTATION

- Login to myView** If you have not already done so, log into GV's myView portal – <https://myView.grandview.edu> – using your GV Account. You should have received an email from Admissions providing your GV Account username and initial password. If you do not have this information, email [helpdesk@grandview.edu](mailto:helpdesk@grandview.edu).
  - Enrollment Deposit** You will have received an email from Admissions with information on how to do so following acceptance.
  - Intended major confirmation** Confirm your intended major with your admissions counselor.
  - Writing Placement** You may be required to take the Writing Placement. Go to [www.grandview.edu/gv-checklist](http://www.grandview.edu/gv-checklist) to find instructions.
  - Math Placement** You may be required to take the Math Placement. Go to: [www.grandview.edu/gv-checklist](http://www.grandview.edu/gv-checklist) to find instructions.
  - Health Form** Go to [www.grandview.edu/gv-checklist](http://www.grandview.edu/gv-checklist) for instructions.
  - Release of Information** Go to [www.grandview.edu/release-form](http://www.grandview.edu/release-form).
  - Get Inclusive** You will receive a link to the required training in your Grand View email prior to your scheduled orientation.
  - College Course Credit** Request final official college transcripts be sent to the Admissions Office for any course taken for college-level credit. Information on high school transcripts is not sufficient for awarding credit. Coursework taken may affect your placement in certain courses.
  - Advanced Placement Credit** Request official AP scores be sent to the Admissions Office for credits to be added to your record. Coursework taken may affect your placement in certain courses.
  - FAFSA** Complete a Free Application for Federal Student Aid (FAFSA) online at [fafsa.ed.gov](http://fafsa.ed.gov). If you don't plan on applying for financial aid, notify your admissions counselor.
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## BRING TO ORIENTATION

- License plate number, make, model and year of your car** If you plan to have a vehicle on campus. If no vehicle, fill out an exemption form.
  - Work-study Eligible Students** Driver's license and an original social security card or birth certificate.
  - List of Exams taken for College Credit** Even if you haven't received scores for Advanced Placement exams, bring along a list of the specific exams that you have taken.
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## ACADEMIC

- High School Transcripts** Following graduation, request your high school send an official transcript to Grand View.

# FIRST-YEAR STUDENT CHECKLIST, CONTINUED

## ATHLETIC (for athletes only)

- Insurance card** Copy of the front and back of the card and return to the Student Life Office with your health and physical form.
  - Assumption of Risk Form** You will receive an email with a link to complete or a notice will appear when you log into your myView account.
  - PlayNAIA Registration** Complete at: [www.playnaia.com](http://www.playnaia.com)
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## HOUSING

- Housing Application and Deposit or Housing Exemption** You will have received an email from Admissions with information on how to do so following acceptance.
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## FINANCES

- Financial Aid Award Letter** Return a signed copy to the Financial Aid Office. Or view and accept your financial aid by logging into myView > GV Self Service App > Financial Aid. You will see the checklist items you need to take action on in yellow, including reviewing and accepting your Financial Aid Award Package and reviewing and signing your Financial Aid Award Letter.
  - GV Complete Financial Plan** Participate in a GV Complete meeting to create an initial plan. Decide which version of the plan will be your first Active Financial Plan and **sign the summary page** with your completion coach.
  - GV Complete Online Participation Agreement** Go to: myView > Notices > click "Accept."
  - Payment Plan** To set up a payment plan to cover your remaining out-of-pocket costs, go to: myView > Finances > Business Office > Payment Due Dates & Payment Plan. **In order to have a 12-month payment plan, you must enroll by July 3, 2020.** The first payment will be due July 5, 2020. The Business Office can assist you in setting up a plan. Contact the office at 515-263-2807 or [studentaccounts@grandview.edu](mailto:studentaccounts@grandview.edu).
  - Financial Responsibility** Accept financial responsibility for tuition. Go to: myView > Finances > Business Office > Authorizations > Financial Responsibility Statement.
  - Financial Aid Authorization** Authorize Grand View to credit financial aid to any miscellaneous charges. Go to: myView > Finances > Business Office > Authorizations > Apply Financial Aid to Misc Charges Authorization.
  - Federal Direct Loan Online Promissory Note & Entrance Counseling** *If you will be taking out a Federal Direct Loan,* complete online at [www.studentaid.gov](http://www.studentaid.gov).
  - Federal PLUS Loan** *If you will be applying for a Federal PLUS loan,* your parent needs to apply online at [www.studentaid.gov](http://www.studentaid.gov). Your parent will need an FSA ID. For more information, go to: myView > Finances > Financial Aid > Loan Information > Federal PLUS Loan.
  - Private Loan** *If you will be applying for a private loan,* notify your completion coach which loan you decide to take, including the amount and terms of the loan – so we may update your Active Financial Plan. For more information on private loans and to access the private loan list link, go to: myView > Finances > Financial Aid > Loan Information > Private Loans > FASTChoice.
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## MISCELLANEOUS

- myView Notices** Continue to monitor the upper left corner of myView homepage for missing documentation and alerts. When you log in, you will see the following and it will direct you to complete required forms:



**Notices**

• You have (5) notices

## Student Health History

Fill out completely and RETURN TO THE STUDENT LIFE OFFICE prior to participation.

### To be completed by ALL STUDENTS.

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
 Last First MI  
 Date of Birth \_\_\_\_\_ Sport (if athlete) \_\_\_\_\_ Gender Identity  Male  Female  
 Home Address \_\_\_\_\_  
 Street \_\_\_\_\_  
 City State Zip  
 Student Cell Number \_\_\_\_\_ Year in School  Freshman  Sophomore  Junior  Senior  
 Emergency Contact \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_  
 Health Care Provider \_\_\_\_\_

### Medical History

Have you ever had any of the following? Respond to every item and elaborate below on all items marked yes.

ALL STUDENTS	Yes	No		Yes	No	ATHLETES ONLY	Yes	No		Yes	No
Hospitalized	<input type="checkbox"/>	<input type="checkbox"/>	Presently under doctor's care	<input type="checkbox"/>	<input type="checkbox"/>	Dizzy during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	Medical problem or injury since last evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	Current medication or pills	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	Missing an eye, kidney or testicle	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Allergies (medicine, bees, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Use special equipment (pads, braces, eye guard, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	Skin problems (itching, rash, acne)	<input type="checkbox"/>	<input type="checkbox"/>	Knocked out or unconscious	<input type="checkbox"/>	<input type="checkbox"/>	<b>Anyone in your family...</b>		
Racing heart/skipped heartbeats	<input type="checkbox"/>	<input type="checkbox"/>	Trouble breathing or cough during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	Stinger, burner or pinched nerve	<input type="checkbox"/>	<input type="checkbox"/>	Died of heart problems or sudden death before age 50	<input type="checkbox"/>	<input type="checkbox"/>
Seizure, 'fit' or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Glasses or contacts	<input type="checkbox"/>	<input type="checkbox"/>	Heat cramps, heat illness or muscle cramps	<input type="checkbox"/>	<input type="checkbox"/>	Had Marfan's Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Eye or vision problems	<input type="checkbox"/>	<input type="checkbox"/>				Sprained, strained, dislocated, fractured, broken or repeated swelling or other injuries of bones or joints	<input type="checkbox"/>	<input type="checkbox"/>			
Other medical problems (infectious mononucleosis, diabetes, anemia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>									

When was your last tetanus shot? \_\_\_\_\_

**Females only** First menstrual period? \_\_\_\_\_  
 Last menstrual period? \_\_\_\_\_ Longest time between your periods last year? \_\_\_\_\_

Please explain any YES answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Immunizations

Attach a copy of your most up-to-date immunization record.

#### Required and Recommended Vaccinations:

- Measles/Mumps/Rubella (MMR) – first vaccine must be after age one; second vaccine must be at least 28 days after first vaccine
- Meningitis (Menactra) – one dose age 16 or older

#### International Students ONLY: TB (Tuerculosis) Screening

Vaccination record received. MMR dates: \_\_\_\_\_ Meningitis (Menactra) date(s): \_\_\_\_\_  
 Vaccination record not provided to Grand View University as requested.

## Physical Form – Athletes and Nursing Students ONLY

Fill out completely and RETURN TO THE STUDENT LIFE OFFICE prior to participation. Must be completed annually.

Name \_\_\_\_\_  
 Last First MI

Are you:  Athlete  Nursing student  Both

**To be completed by a health care provider.**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_ T \_\_\_\_\_ °F  
 Uncorrected Vision: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_ Corrected Vision: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

**Physical Examination**

- |   |   |
|---|---|
| 1. Eyes <input type="checkbox"/> Ok _____   | 8. Lungs <input type="checkbox"/> Ok _____        |
| 2. Ears <input type="checkbox"/> Ok _____   | 9. Abdomen <input type="checkbox"/> Ok _____      |
| 3. Nose <input type="checkbox"/> Ok _____   | 10. Extremities <input type="checkbox"/> Ok _____ |
| 4. Throat <input type="checkbox"/> Ok _____ | 11. Spine <input type="checkbox"/> Ok _____       |
| 5. Neck <input type="checkbox"/> Ok _____   | 12. Breast <input type="checkbox"/> Ok _____      |
| 6. Skin <input type="checkbox"/> Ok _____   | 13. Hernia <input type="checkbox"/> Ok _____      |
| 7. Heart <input type="checkbox"/> Ok _____  | 14. Thyroid <input type="checkbox"/> Ok _____     |

**Nursing Students:** must be constantly able to meet the following demands.

**MENTAL/COGNITIVE DEMANDS:**

- The environment may cause high stress levels due to constant interruptions, high volume urgency of issues, and interactions with a wide variety of professionals and personalities.
- Must be able to work independently and assume responsibility for timely completion of assigned functions.
- Must be able to follow verbal and written instructions.
- Ability to learn basic computer skills.

**PHYSICAL REQUIREMENTS:**

**Physical Demands (strength)**

- Department of Labor level III tasks: MEDIUM – Exert up to 50 lbs. of force occasionally, and/or up to 25 lbs. of force frequently, and/or up to 10 lbs. of force constantly. Typically on feet standing or walking a minimum of 6 hours out of an 8 hour day.

**Physical Demands (movement)**

- Able to lift, push, pull or carry, in order to move patients and/or items from one position or place to another (either mechanically or with a co-worker).
- Able to stoop, kneel, crouch, crawl, in order to maneuver around within or about the environment to provide care needed.
- Able to reach, handle, finger and feel in order to manipulate wide variety of equipment, and some complex equipment, and distinguish characteristics of objects, such as sign, shape, temperature or texture.

**Physical Demands (auditory)**

- Able to express or exchange ideas by means of the spoken word in order to convey oral information to patients, physicians, families, visitors and public as well as giving instructions to other works accurately, loudly, or quickly.
- Able to hear in order to identify various kinds and character of sounds, including the ability to receive detailed information through oral communications, and to make fine discriminations in sounds, such as when listening to lungs and heart sounds.

**Physical Demands (taste/smell)**

- Able to smell and distinguish with a degree of accuracy, differences or similarities in intensity or quality of odors, or recognizing particular odors, such as odors indicating infection or other medical completions or emergencies, such as a patient's call for help.

**Physical Demands (vision)**

- Possess visual acuity and clarity at close range to focus and read small print such as identification bands, thermometers.
- Possess visual acuity and depth perception for distance vision related to moving people and things within and through the environment, and ability to judge distance and spatial relationships.
- Possess color vision in order to identify and distinguish colors, such as on-site test results.

Nursing students will have additional clinical requirements once admitted to the major.

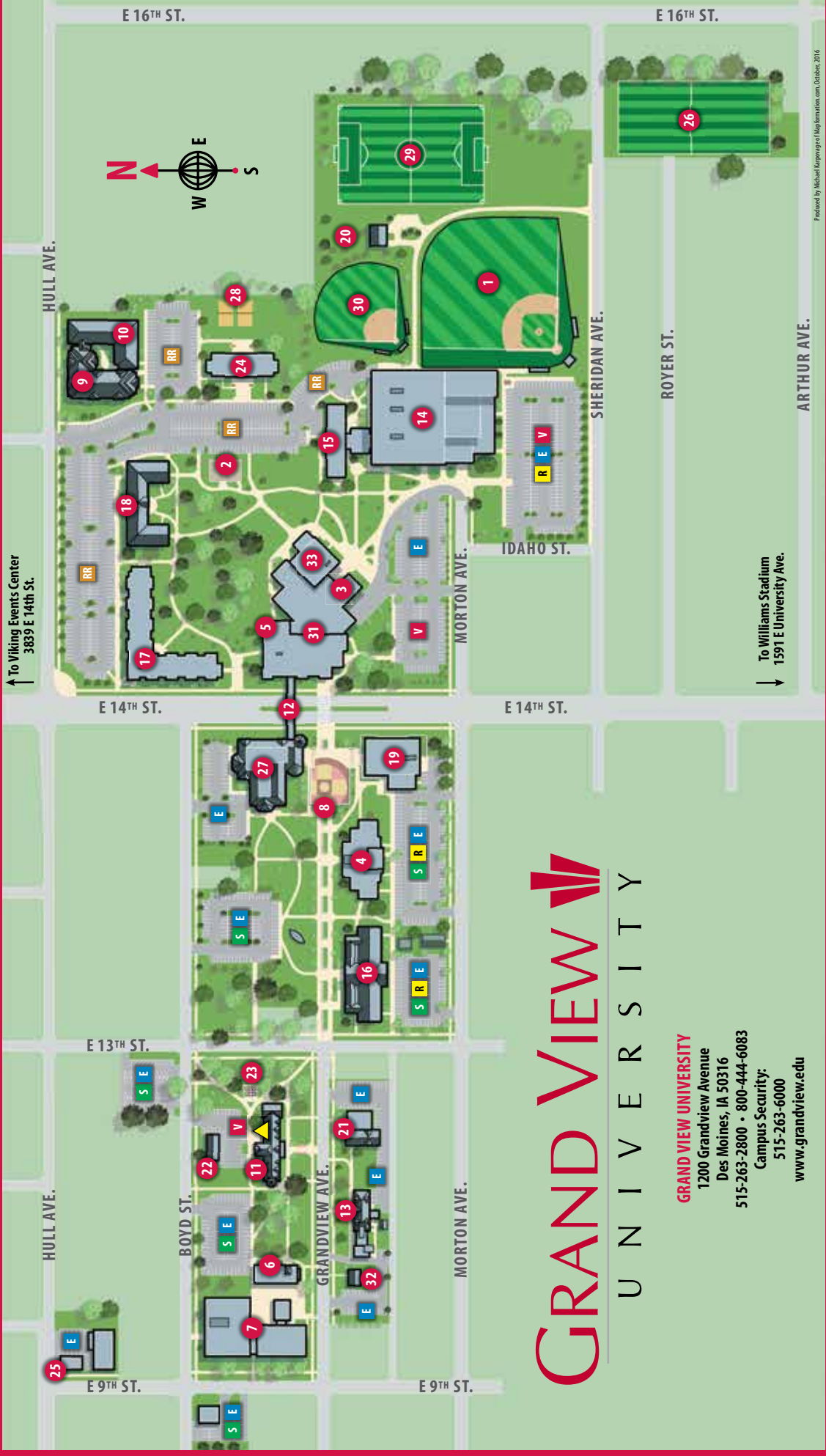
**Status**

Cleared for full activity  Cleared, with restrictions  Not cleared for activity

Comments, restrictions, other medical concerns: (i.e., asthma, diabetes, meds, allergies, etc.) \_\_\_\_\_

Health Care Provider's Name (print) \_\_\_\_\_

Health Care Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_



Produced by Michael Kuznetsov of MapInformation.com, October, 2016

# GRAND VIEW UNIVERSITY

**GRAND VIEW UNIVERSITY**  
 1200 Grandview Avenue  
 Des Moines, IA 50316  
 515-263-2800 • 800-444-6083  
 Campus Security:  
 515-263-6000  
[www.grandview.edu](http://www.grandview.edu)

- ▲ Admissions Office (Humphrey Center)
- 1. Baseball Field
- 2. Basketball Court
- 3. Bookstore and Campus Services
- 4. Cowles Center (COWL)
- 5. Dining Hall
- 6. Ed/En Building
- 7. Elings Hall (ELS)
- 8. Grand Central Plaza
- 9. Hull Apartments
- 10. Hull Suites
- 11. Humphrey Center
- 12. Jensen Bridge
- 13. Jensen Hall (JENS)
- 14. Johnson Wellness Center (WELL)
- 15. Knudsen Hall (KNHL)
- 16. Krumm Business Center (KCTR)
- 17. L Apartments (LAPT)
- 18. Langrock Suites
- 19. Library
- 20. Luhrs Athletic Complex
- 21. Luther Memorial Church
- 22. Maintenance
- 23. Memorial Garden
- 24. Nielsen Hall
- 25. Pettit Building
- 26. Practice Field
- 27. Rasmussen Center for Community Advancement Professions (RASM)
- 28. Sand Volleyball Courts
- 29. Soccer Field
- 30. Softball Field
- 31. Student Center (SC)
- 32. Viking House – Campus Ministry
- 33. Viking Theatre

- S** Student Parking
- R** Resident Parking
- E** Employee Parking
- V** Visitor Parking
- RR** Reserved Resident Parking