



Nicholls State University
Bridge to Independence

Bridge to Independence- Degree Program Admission Procedure

The Bridge to Independence **Degree** program at Nicholls State University is an optional academic and support service for degree seeking students with Autism Spectrum Disorder (ASD).

Initial Criteria

- Student has been accepted to Nicholls through the regular admissions process
- Student has a diagnosis of Autism Spectrum Disorder(ASD) as indicated on a current (within three years) psychological evaluation
- Personal motivation for success
- Personal accountability
- Openness to receive support

STEP #1

Initial Criteria

If the **initial criteria** are met, the applicant may apply directly to Bridge. The application instructions and forms can be accessed online at

<https://www.nicholls.edu/education/support-programs/bridge-to-independence/> or by emailing: bridge.inquiry@nicholls.edu

The Application Packet includes:

- Program Information (pages 1-3)
- Applicant and Family Background Information (pages 4-9)
- Personal Statement (page 10)
- Case Management (pages 11-14 to be completed by case manager, if applicable)
- Authorization to Release Academic and Medical Information Form (page 15)
- Applicant's Skill Inventory (pages 16-19)
- Student Readiness Scale (pages 20-21)
- Scope of Services (pages 22-23)
- Authorization to Release Academic Information for Bridge Staff Form (page 24)

Along with the application, applicants must send in:

- recent 5" X 7" photograph
- Current 1508 special education evaluation or evaluation from private provider with full assessment data and exit IEP from High School if student attended public school. The assessment must reflect a diagnosis of Autism or ASD.



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*All materials listed above must be submitted in one packet and thoroughly completed. Incomplete applications will not be processed.

Completed packets can be brought to Bridge to Independence or mailed to:

Bridge to Independence at Nicholls State University

Attention: Dr. Mary Breaud, Ed.D

College of Education and

P.O. Box 2035

Thibodaux, LA 70310

STEP #2

Program Tour:

The applicant and family are encouraged to attend a Campus Tour with a visit to Bridge to Independence. During the visit to Bridge, all aspects and goals of the program will be reviewed and discussed with an opportunity for questions and answers by the staff. The tours are scheduled throughout the year and attending is not mandatory before being considered for the Bridge Program. Call the Nicholls Admissions Office at 985-448-4507 to schedule a tour. The completed application is recommended to be turned in to Bridge Staff at this time.

Step #3

Scheduling /Orientation:

The applicant should attend an Orientation (scheduled through admissions). During the orientation, the applicant must meet with their academic advisor and be advised before being able to schedule classes. This procedure is to ensure that students are enrolled in the correct classes. Once students are accepted to the university, an email will be sent out to schedule orientation. Any questions on scheduling/orientation should be directed to the Nicholls Admissions Office.

Step #4

Securing Campus Housing:

Once students are accepted to the University a letter will be sent from admissions. This letter will contain the student's N number which is their identification number as a Nicholls student. This letter will also include instructions on securing campus housing if the student intends to live on campus. A deposit is required through the housing portal on Banner. Bridge to Independence works with housing to place students in either Millet or Zeringue. These housing units on campus are the preferred for Bridge Degree students. We recommend private rooms which equate to 2 roommates, each with their own bedroom including a locking door. Both roommates share a bathroom. Preferential placement and roommate selection is a service provided by Bridge.



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Admission Packet:

All required documents must be submitted together to complete the process for admission consideration to Bridge. It is important that the **most current information** is submitted in order to ascertain that the Bridge Program is appropriate and that the student has the combination of desire, motivation, skill, and experience to be successful in the program.

Documents and completed forms required at time of submission*:

1. Bridge to Independence Application
2. Recent 5" X 7" photograph
3. Current 1508 special education evaluation or evaluation from private provider with full assessment data and exit IEP from High School if student attended public school. The assessment must reflect a diagnosis of Autism or ASD.

*All materials listed above must be submitted in one packet and thoroughly completed. Incomplete applications will not be processed.

Completed packets can be brought to Bridge to Independence or mailed to:

Bridge to Independence at Nicholls State University
Attention: Dr. Mary Breaud
College of Education
P.O. Box 2053
Thibodaux, LA 70310

Acceptance Letters:

Formal acceptance letters to the Bridge Degree program are available upon request.

Checklist:

- Meets Initial Criteria
- Campus tour
- Attend Orientation
- Meet with advisor to schedule classes
- Send in admission packet
- Provide class schedule to Bridge
- Complete housing portal in Banner (deposit required to hold room)



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Bridge to Independence Application

To ensure that the application is processed, applicant and/or parent/guardian must complete all information (Race & ethnicity tracking is optional).

Date attended a Nicholls tour and program overview: _____

IDENTIFYING INFORMATION					
Applicant Name:		Birthdate:			
Street Address:					Age:
City:		State:			
Phone: ()		Applicants Cell Phone: ()	Male/Female		
Applicant's Email Address:		Driver's License:	Yes/No		
U. S. Citizen:	Yes/No	Country of Citizenship:	SSN#		
Languages Spoken in the Home:		Are you Conserved:	Yes/No		
Areas Conserved:					
Conservator's Name:			Relationship to Applicant:		
PARENT INFORMATION					
Parent #1 or Guardian Name:					
Address:					
Email Address:					
Primary Phone # ()		Email Address:			
PARENT #2					
Parent #2 :					
Address:					
Email Address:					
Primary Phone # ()		Cell Phone#: ()			
SIBLING INFORMATION					
Name of Sibling(s)	Age	Lives at Home			
		Yes/No			
		Yes/No			
		Yes/No			
		Yes/No			
		Yes/No			
		Yes/No			



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EDUCATION & SERVICES		
	Name of Institution	Diploma
High School:		
College or Program:		
High School Completion or Projected Date:		
Subject Strengths:		
Subject Weaknesses:		

Does the applicant have a Louisiana Medicaid waiver?		Yes/No	
If yes, Case Management Agency Name:		Phone #:	()
Address:		Case Manager's Name:	
Email Address:		Fax #:	
Direct Services Provider:	Yes/No	Direct Service Provider Agency Name:	
Address:		Phone#:	()
Email Address:		Fax#:	()
Is a client of Louisiana Rehab Services:			
		Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/>	
Address:			
LRS Counselor Name:		Phone #:	()
Email:		Fax #:	()
Do you receive SSI:			
		Yes <input type="checkbox"/> No <input type="checkbox"/> In Process <input type="checkbox"/> Will apply <input type="checkbox"/>	
If Yes, Name of Payee:		Amount Per Month:	\$



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VOLUNTEER & COMMUNITY SERVICE			
Organization	Description of Activity and Duties		Hours/ Per Week
WORK EXPERIENCE			
Business/ Organization	Duties	Dates Employed	Hrs/Wk



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MEDICATION INFORMATION		
Do You Take Medication(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Needs Assistance With Medications: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Medication(s)	Times of Day/Week	Purpose



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BEHAVIOR		
	YES	NO
Caused property damage including fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behavior		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
Consistently follows verbal directions		

If yes to any of the behavioral and or self- care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):



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RACE & ETHNICITY TRACKING OPTIONAL

For purpose of data collection for Bridge to Independence funding, please mark the box that best describes the applicant's race/ethnicity category or which he/she identifies with:

A ___	Asian or Pacific Islander: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
B ___	African American (not of Hispanic origin): Person having origins in any of the black ethnic groups.
H ___	Hispanic: Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Latin Cultures, regardless of ethnicity.
I ___	Native American or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
W ___	Caucasian (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

I have completed this Bridge to Independence Degree program application truthfully and to the best of my knowledge all information is accurate.

Applicant Signature: _____

Date: _____



Personal Statement Instructions

An important part of the admissions process is the personal statement. This is your opportunity to shine by telling why you want to come to the Bridge Program as well as something about you. This includes facts about your background, goals, and any other information that you think will help us learn more about YOU. BE CREATIVE. The personal statement can be handwritten or typed, a portfolio, video recorded, etc. Any electronic submissions must be on a flash drive, as a DVD/CD will easily break during the mailing process. The maximum allowed time for video recorded personal statements is 5 minutes. Materials submitted will not be returned.

Your personal statement must include numbers 1 – 4 and 11 below. 5 - 10 are optional.

1. Your name.
2. Why you want to participate in the Bridge to Independence Degree program.
3. Special interests.
4. Include specific areas or activities you would like participate in while in the program.
5. Describe 1-2 opportunities/trips you have taken without your parents/family. Include:
 - # of days
 - Destination
 - Purpose (e.g. vacation, conference, etc.)
 - How you felt about being away
 - Who you traveled with
 - Mode of transportation
6. Things you like to do in your free time.
7. In school, name your favorite subject(s) and your least favorite subject(s).
8. Your strengths.
9. Areas you would like to improve upon.
10. Describe what you learned and enjoyed about any paid and/or volunteer work experience.
11. Describe what you see as your ideal life in the future?
 - Where would you like to work?
 - Where would you like to live? A City, Apartment, condominium, home and would you like to live with a roommates, family or alone.



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Case Management State Agency Referral Form (if applicable)

Pages 11 to 14 are to be completed by applicant’s case manager, if applicable. If applicant does not have a case manager, please check the “No Case Manager” box and continue to page 15.

No Case Manager at time of application

Attach the most current state report for this client.

Client Name:					
ID/Case#:		AGE:			
Diagnosis:					
Name of Agency:		Fax#:	()	
Address:					
Name of Case Manager:					
Phone #:		Email:			
Number of months or years the applicant has been your client?:					

1. What are the client’s most exemplary traits?
2. What are some areas for improvement?
3. State any factors/characteristics/behaviors of this client that would be a concern for Bridge?
Please be very specific.
4. State reasons why you feel the client is or is not appropriate/ready for Bridge at Nicholls State?



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Check the box for all that apply to the client's history of: _____

	YES	NO
Caused property damage including fires		
Physically threatened and/or attacked others		
Verbally threatened others		
Self-injurious behavior		
Mistreating animals		
Consistently follows verbal directions		
Elopement		
Lying		
Fabrication		
Inappropriate sexual behavior		
Stealing		
Prior arrest or probation		
Tobacco use/abuse		
Marijuana use/abuse		
Drug use/abuse		
Alcohol use/abuse		
Seizure(s)		
Current gang behavior, affiliation and desires		
Incontinence problems		
Requires attendant care		
Resentment towards parent(s)		
If yes to any of the behavioral and or self- care issues, please explain in detail. Include the most recent date(s) of the occurrence(s) and severity (use another sheet for more writing space):		



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Certification:

I have completed this application truthfully, and to the best of my knowledge all information is accurate.

Case Management Agency Service Coordinator: _____

Date: _____

Signature Submission of Regional Center Referral Form:

Your client's current Annual/Quarterly report **MUST** be submitted with this form.

This referral **MUST** accompany the Bridge Degree program application when it is received by the program's office for review.

Return all 3 documents to your client in an envelope sealed as directed below.

Envelope Sealing Instructions:

Once completed, please place this referral in an envelope, seal the envelope completely, write your name across the overlap of the flap/envelope body. Finally, place a generous amount of clear tape over your signature.



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Authorization to Release Information

Name(s) of Agency, High School, Professional, Medical (all that apply)	
Applicant name:	
DOB:	Today's Date:

Bridge to Independence at Nicholls State University requests the following information regarding the aforementioned person to aid in providing quality services:

Medical information: <ul style="list-style-type: none"> • Diagnostic Information • Current Medications • Treatment History • Assessments/Evaluations 	Psychological Information: <ul style="list-style-type: none"> • Diagnostic information • Current Medications • Treatment history • Assessment/Evaluations
<input type="checkbox"/> Individual Education Plan (IEP)	<input type="checkbox"/> Individual Transition Plan for Employment
<input type="checkbox"/> Educational Assessments/1508 Evaluation	<input type="checkbox"/> Social Assessment Information
<input type="checkbox"/> Employment Assessment (Louisiana Rehab. Services)	<input type="checkbox"/> Case Management Agency Reports/Plan
<input type="checkbox"/> Other (describe):	

By signing below, I understand that Bridge to Independence at Nicholls State University shall share information with the referring agency and any other agencies as it pertains to the program services rendered to the aforementioned person and his/her health and welfare. I authorize Bridge to Independence to request information from the referring agency, school and other pertinent health care providers that is deemed pertinent to services provided. I also authorize the release of information from the referring agency to Bridge to Independence to aid in providing such services only until I complete/graduate from the university.

Applicant Signature: _____ Date: _____



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Bridge Staff Signature: _____ Date: _____

Applicant Skill Inventory

Applicant Name: _____

Person assisting or rating applicant: _____

Relationship: _____ Date: _____

Use this rubric to rate the applicant with the attached Skill Inventory

With No Assistance	Applicant is able to accomplish the task without assistance
Little Assistance	Applicant requires 25-50% assistance to accomplish the task
Significant Assistance	Applicant requires 50-75% assistance to accomplish the task
With No Reminders	Applicant is able to accomplish the task without reminders
Few Reminders	Applicant is able to accomplish the task with reminders on 25-50% of the steps
Many Reminders	Applicant is able to accomplish the task with reminders on 50-75% of the steps
Is Still learning	Applicant is able to accomplish the task with reminders on 50-75% of the steps
N/A	This particular task is not applicable to this Applicant

Place a mark in the appropriate box indicating the Level of Assistance AND the Level of Reminders needed to accomplish the skill. See example on the next page. Please follow the example provided at the top of the next page.



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Academics: General	With No Assistance	Little Assistance	Significant Assistance	With No Reminder	Few Reminders	Many Reminders	Is Still Learning	N/A
Keeps track of assignments and due dates								
Brings proper supplies to class								
Completes multiple choice exams								
Completes written exams								
Gets up in the morning for school								



College Readiness Survey

This survey will generally determine a student’s college readiness by assessing academic maturity, academic motivation, learning style, assertiveness, social skills, willingness to seek advice and planning/goal setting skills.

Students Name: _____ Date: _____

Parent’s Name: _____

Instructions: Answer quickly and honestly. The quality of the results depends on your responses. Both people should complete the survey **independently**. Please focus on the present, not the future.

Rating Scale: 5 = Excellent (Strong); 4 = Adequate; 3 = Neutral; 2 = Marginal; 1 = Poor (Weak)

S = Student’s Ratings P = Parent’s Ratings

S P

S P

- | | | | | | |
|-----------|-------|-------------------------------|-----------|-------|-------------------------------|
| 1. _____ | _____ | Time management skills | 22. _____ | _____ | Tasks done promptly |
| 2. _____ | _____ | Study habits | 23. _____ | _____ | Use of library and computer |
| 3. _____ | _____ | Effort | 24. _____ | _____ | Comfort with strangers |
| 4. _____ | _____ | Comfort with testing | 25. _____ | _____ | Speaks own opinion |
| 5. _____ | _____ | Works under pressure | 26. _____ | _____ | Competitive |
| 6. _____ | _____ | Goal focus and completion | 27. _____ | _____ | Proactive (not reactive) |
| 7. _____ | _____ | Problem-solving skills | 28. _____ | _____ | Self-confidence |
| 8. _____ | _____ | Perseverance | 29. _____ | _____ | Willingness to compromise |
| 9. _____ | _____ | Ability to self-direct | 30. _____ | _____ | Desire to socialize |
| 10. _____ | _____ | Work-play balance | 31. _____ | _____ | Joins teams and clubs |
| 11. _____ | _____ | Critical thinking skills | 32. _____ | _____ | Values close friendships |
| 12. _____ | _____ | Thirst for knowledge | 33. _____ | _____ | Leadership skills |
| 13. _____ | _____ | Interest in attending college | 34. _____ | _____ | Seeks help from friends |
| 14. _____ | _____ | Reasons for attending college | 35. _____ | _____ | Able to make decisions |
| 15. _____ | _____ | Writing interest | 36. _____ | _____ | Values parental advice |
| 16. _____ | _____ | Reading interest | 37. _____ | _____ | Wants recognition |
| 17. _____ | _____ | Creative ideas and tasks | 38. _____ | _____ | Seeks college planning advice |
| 18. _____ | _____ | Class participation | 39. _____ | _____ | Seeks teacher feedback |
| 19. _____ | _____ | Listens and takes notes | 40. _____ | _____ | College goals defined |
| 20. _____ | _____ | Works beyond assignments | 41. _____ | _____ | Has plans for future |
| 21. _____ | _____ | Prefers to study alone | 42. _____ | _____ | Helps to meet college costs |

Sources who are helping the student the most with college planning (please rank-order):

_____ Self-Help; _____ Counselor; _____ Parents; _____ Friends; _____ Siblings; _____ Teacher; _____ Other



Scope of Services

The Bridge Program is designed to address the unique needs of students with intellectual/developmental disabilities.

ACADEMICS

Participants in the Bridge Career program at Nicholls State University are not enrolled through traditional means, as the matriculated, degree seeking students of Nicholls State University are. Bridge students enroll through the Bridge to Independence Program and receive a **Certificate of Achievement** and an “Unofficial Nicholls State Transcript” through the Bridge Career Program.

HEALTH SERVICES

Bridge students have access to campus Student Health Center services. These services are for immediate first aid/onset care only. Bridge students need to make other medical arrangements for long term care issues. Likewise, counseling and psychological services provided by the Student Services are also for immediate emergency interventions only. Students with pre-existing/ongoing concerns should make the necessary arrangements for these known issues. Bridge does not endorse any physician or counselor and therefore does not make referrals. As part of the College of Education, individual and group counseling services may be available to Bridge students. These services are provided by graduate level counseling students supervised by a Ph.D. instructor. Once again Bridge does not endorse these services and participation is optional.

CODE OF CONDUCT

All Bridge students will be expected to abide by the student code of conduct as outlined, <http://www.nicholls.edu/sja/files/2015/06/Code-of-Student-Conduct-Handbook.pdf>. Bridge students will follow policies of the judicial system and the recommendations of the Vice President of Student Affairs as well as the Bridge Accountability Policy. Any resulting disciplinary action will follow in accordance with Nicholls State and/or Bridge policies. These policies include permanent or temporary expulsion of a student. Parents/guardians will need to acknowledge that they will be active members in holding their student accountable for their actions.

PARENTS/GUARDIANS

Parental involvement is crucial for student success in the Bridge Program. Parents will be incorporated in many important decisions that their student may make through Bridge Individual Planning Meetings. However, there may be times that Bridge is bound by confidentiality or judicial rulings, and may be unable to share information about the student without his/her permission. The Bridge Program goal is to support students in becoming independent adults, capable of self-advocacy and self-determination. Parents may not always agree with the decisions that their students make, but should maintain a positive and open relationship with all parties.

Applicant’s Name Printed

Applicant’s Signature

Date



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Information Release

I, _____, a student of Nicholls State University,
(student name - print)

grant permission for reciprocal communication between Bridge to Independence staff, my parents or guardians, and all Nicholls State University employees for the time in which I am a current student.

I understand and allow reciprocal communication between all Bridge to Independence staff, parents or guardians, and Nicholls State University employees will be done only for Bridge related issues. I understand that the purpose of these communications will be to help ensure my success as a Nicholls State University Bridge student and to address any concerning issues.

I understand and allow Bridge to Independence Staff to communicate with all campus organizations and offices such as, but not limited to, the Student Access Center, University Counseling Center, Campus Police, University Health Services, and the Tutoring Center.,

I understand and allow Bridge to Independence Staff to assist and accompany me as necessary with any University Health Service appointments for the purposes of supporting students' healthcare needs.

I understand and allow the Bridge to Independence staff permission to view my Moodle page, Banner account, and Nicholls student email for the purpose of supporting my academic needs.

I understand that Bridge to Independence staff maintains the right to contact the appropriate authorities if there is evidence judged to be of an emergency nature which affects the safety of me or someone else.

I am aware that Bridge to Independence utilizes photographs of program activities for educational and information purposes. Mark below stating whether we have your permission to photograph you as well as post these images onto our social media accounts.

____ I agree to being photographed and posted on Bridge Social Media accounts.

____ I do not agree to being photographed and posted on Bridge Social Media accounts.

By signing below, I acknowledge that I have read and agree to the information above.

Student: _____

Date: _____

N-Number: _____



Medical Information Form

The following Medical Information Form should be completed to ensure that students have necessary information to complete forms required by University Health Services. Please also attach a copy of the applicant's current insurance card which will need to be provided at any appointments scheduled with the University Health Services.

Please attach a copy of your health insurance card with this form.

Student Name: _____

Date of Birth: _____

Student ID (N#): _____

Family Medical History

Circle one answer for each item:

Blood Disease	Yes	or	No
Cancer	Yes	or	No
Diabetes	Yes	or	No
Seizure Disorder	Yes	or	No
Heart Disease	Yes	or	No

High Blood Pressure	Yes	or	No
Kidney Disease	Yes	or	No
Respiratory Disease	Yes	or	No
Other:	_____		

Personal History

Circle one answer for each item:

Adopted	Yes	or	No
Acne (on medication)	Yes	or	No
ADD/ADHD	Yes	or	No
Anemia	Yes	or	No
Anxiety/Depression	Yes	or	No
Asthma	Yes	or	No
Autism	Yes	or	No
Specify:	_____		
Blood/Clotting Disorder	Yes	or	No
Cancer/Tumor	Yes	or	No
Specify:	_____		

High Blood Pressure	Yes	or	No
Kidney Disease/Stones	Yes	or	No
Lyme Disease	Yes	or	No
Malaria	Yes	or	No
Marfan's Syndrome	Yes	or	No
Migraines	Yes	or	No
Mononucleosis	Yes	or	No
Obsessive Compulsive Disorder	Yes	or	No
Reflux/ulcers/colitis/irritable bowel	Yes	or	No
Seizures	Yes	or	No
STI	Yes	or	No



Concussion	Yes or No	Sickle Cell Disease/Trait	Yes or No
Diabetes	Yes or No	Sinusitis	Yes or No
Disease/injury of joints	Yes or No	Sleep Disorders	Yes or No
Eating Disorder	Yes or No	Stomach or Intestinal Trouble	
Eye Trouble	Yes or No	Suicide Attempts	
Hay fever, hives, seasonal allergies	Yes or No	Thyroid/Endocrine Disorders	Yes or No
Specify: _____		Tuberculosis	Yes or No
Head injury w/ unconsciousness	Yes or No	Vision/Hearing Impaired	Yes or No
Heart disease	Yes or No	Other: _____	
Hepatitis	Yes or No		
Specify: _____			

Have you been out of the country in the last 6 months? Yes or No
If yes, please specify:

Have you ever been hospitalized? Yes or No
If yes, please specify:

Have you ever had an operation? Yes or No
If yes, please specify:

Do you have a disability (physical or learning)? Yes or No
If yes, please specify:

Do you have emotional health problems requiring therapy of medications? Yes or No
If yes, please specify:

Do you smoke, if yes how much? Yes or No
If yes, please specify:



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Do you have a past/present history of substance abuse? Yes or No

If yes, please specify:

Do you have a past/present history of alcohol abuse? Yes or No

If yes, please specify:

Do you have a past/present history of gambling? Yes or No

If yes, please specify:

Are you allergic to anything (ie food, medication, etc)? Yes or No

If yes, please specify:

Please list current prescribed medications with dosage and frequency:

Preferred Pharmacy

Any prescriptions from University Health Services WILL be called into the pharmacy you have specified.

Pharmacy Name:

Pharmacy Address:

Pharmacy Phone Number: _____



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Emergency Contact Information

When students go to University Health Services, you will be contacted by a Bridge staff member before the student arrives, so that you can be available to speak with University Health Services staff if needed.

Emergency Contact Name: _____

Phone Number: _____

Relationship: _____

Address:

For All Bridge Students

I understand that the information on this form will remain confidential and only be used to fill out forms required by University Health Services.

Applicant Signature: _____