



# WELCOME FROM THE DEAN OF STUDENTS

Welcome Class of 2012

Office of the Dean

Swarthmore College

Dear Members of the Class of 2012:

Welcome to Swarthmore! On August 26, I will have a chance to speak with you to tell you how pleased my colleagues and I are that you have chosen Swarthmore, and what a wise and wonderful choice you have made. You are joining a community of students, faculty, and staff who work together to create a rich academic experience in a vibrant residential community. We look forward to your good company.

The next four years of your life will be a time of incredible intellectual and personal growth. My colleagues and I in the Dean's Office see our role as facilitators of your transition to the Swarthmore College community and of your successful journey to graduation, and we want to help you to take full advantage of the opportunities you will find here. To that end, I've enclosed a directory that will tell you a bit about who we are.

Experience has shown that the more actively engaged you are in taking responsibility for your own education and your involvement in the community, the more you will get out of the Swarthmore experience. I expect that you are eager to get started, but first, there is a great deal of information that we need from you. So, let me ask that you find a comfortable place to review the enclosed information, and that you pay careful attention to ensure that you respond appropriately and completely. Please take note that the *Family Information Form* should be completed by a parent/guardian and submitted in the enclosed envelope addressed to the Alumni Records Office, preferably by May 23. Also, the *Health Insurance Enrollment Sheet* will likely require consultation with a parent/guardian and the *Health Certificate/Physical* must be completed by your health care provider. Each of these forms should be submitted directly to the College's Health Center, and *must be in by June 30*. All other forms should be completed by you, the student, and returned in the large, enclosed envelope.

In addition to the materials here, later this summer you will receive information on the academic program, more details about orientation, and information about an online educational program that you will need to complete before coming to campus. The program, AlcoholEdu, is a web-based course that we hope will prepare you for the personal decisions you will need to make about whether you will drink alcohol and how you will ensure your own safety and the well-being of others if you do choose to drink. Swarthmore is not a sanctuary from the law, so you do need to consider the possible consequences of your choices and actions, but our primary concern is your health and safety. And we hope that one of the things that attracted you to Swarthmore is the fact that all members of the community are expected to exercise good judgment, to act responsibly and to respect the rights of others.

Best wishes for a wonderful summer. All of us in the Dean's Office look forward to meeting you on the 26<sup>th</sup> of August. We all have a sense of anticipation and excitement, which we hope you share, as we approach the beginning of a new chapter in your life.

Sincerely,

Jim Larimore

Dean of Students

Welcome





# THE DEAN'S OFFICE: *Directory*

Welcome Class of 2012

Office of the Dean

Swarthmore College



**Jim Larimore**  
Dean of Students



**Garikai Campbell '90**  
Associate Dean for Academic Affairs  
Associate Professor of Mathematics



**Darryl Smaw**  
Associate Dean for Multicultural Affairs



**Myrt Westphal**  
Associate Dean for Student Life



**Martin Warner**  
Registrar



**Hiring in Progress**  
Assistant Dean for Residential Life



**Karen Henry**  
Assistant Dean  
Gender Education Advisor



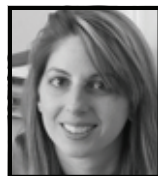
**Tim Sams**  
Assistant Dean  
Director of the Black Cultural Center



**Rafael Zapata**  
Assistant Dean  
Director of the Intercultural Center



**Gloria Evans**  
Advisor for International Students and  
Scholars



**Tracey Rush**  
Coordinator of Learning Resources and  
Student Disability Services



**Gigi Simeone**  
Health Sciences and Pre-Law Advisor



**Kelly Wilcox**  
Assistant Director for Student Life



**Beth Kotarski**  
Director of Health Services



**David Ramirez**  
Director of Counseling and  
Psychological Services (CAPS)



## THE DEAN'S OFFICE: *Directory*

Welcome Class of 2012

Office of the Dean

Swarthmore College

The Dean's Staff consists of many other very important people who you will get to know over the years. Some you will be hearing from or meeting during orientation; others will be the primary contact person for the Deans. Those people are listed below.

***Nancy Burkett***

Director of Career Services

***Tom Elverson***

Alcohol Education and Intervention Specialist

***Paury Flowers***

Assistant Coordinator of Student Activities

***Melissa Mandos***

Fellowships and Prizes Advisor

***Jake Rubin***

Jewish Advisor

***Joyce Tompkins***

Protestant Advisor

***Father Ed Windhaus***

Catholic Advisor

***Pat Coyne***

Administrative Coordinator

***Terri Borgese***

Admin. Assistant for the Intercultural Ctr.

***Betsy Durning***

Admin. Assistant for Multicultural Affairs

***Carolyn Evans***

Admin. Assistant for Health Services

***Ruthanne Krauss***

Admin. Assistant for Academic Affairs

***Jennifer Lenway***

Admin. Assistant for Health Sciences

***Bonnie Lytle***

Admin. Assistant for the Black Cult. Ctr.

***Terry McGrath***

Admin. Assistant for CAPS

***Joanna Nealon***

Admin. Assistant for Res. Life/Fellowships

***Diane Watson***

Admin. Assistant for Student Life



# CALENDAR: *Academic Year 2008 — 2009*

Welcome Class of 2012

Office of the Dean

Swarthmore College

## 2008 Fall Semester

- Aug. 23 International student orientation begins.  
Aug. 26 Residence halls open for new students.  
Aug. 26-31 Orientation and placement days.  
Aug. 28 Advising begins.  
Aug. 29 Residence halls open for returning students.  
Computer pre-registration for first-year and transfer students only.  
Aug. 30 Registration for students who need to make a change to their schedule.  
Aug. 31 Meal plan starts at dinner for returning students.
- Sept. 1 Labor Day, Classes and seminars begin.  
Sept. 12 Drop/add ends.
- Oct. 1 Final examination schedule available on-line.  
Oct. 10 October holiday begins at end of last class or seminar.  
Oct. 20 October holiday ends at 8:30 a.m.
- Nov. 3 Schedule of courses and seminars for Spring 2009 semester available  
Nov. 7 Last day to declare CR/NC grading option. Last day to withdraw from a course and receive the grade notation "W."
- Nov. 10-21 Advising period.  
Nov. 24-26 Pre-enrollment for spring semester.  
Nov. 26 Thanksgiving vacation begins at end of last class or seminar.
- Dec. 1 Thanksgiving vacation ends at 8:30 a.m.  
All accounts must show a zero or positive balance to enroll or select a room for spring semester.
- Dec. 8-9 Monday follows the "Friday" class schedule, replacing the Friday of Thanksgiving break. Tuesday follows the "Thursday" class schedule, replacing the Thursday of Thanksgiving break.
- Dec. 9 Classes end.  
Lottery for spring housing.
- Dec. 12 Final examinations begin.  
Dec. 12-20 Note: Final examinations are not rescheduled to accommodate travel plans. If you must make travel arrangements before the examination schedule is published (by Oct. 1), do not expect to leave until after finals.
- Dec. 18 Seminars end.  
Dec. 20 Final examinations end at noon. Meal plan ends at lunch. Residence halls close at 6 p.m.



## 2009 Spring Semester

Jan. 17	Residence halls open at noon.
Jan. 18	Meal plan starts at dinner.
Jan. 19	Martin Luther King Jr. Day, Classes and seminars begin.
Jan. 30	Drop/add ends.
March 6	Spring vacation begins at end of last class or seminar.
March 16	Spring vacation ends at 8:30 a.m.
March 27	Last day to declare CR/NC grading option. Last day to withdraw from a course and receive the grade notation "W."
March 30	Schedule of courses and seminars for Fall 2009 semester available.
April 1	All accounts must show a zero or positive balance for students to enroll and select a room for the fall semester.
April 6-17	Advising period.
April 17-19	Family Weekend.
April 20-22	Pre-enrollment for fall semester.
May 1	Classes and seminars end.
May 7	Final course and written honors examinations begin.
May 16	Course examinations end.
May 17	Meal plan ends at dinner for all but seniors.
May 18	Residence halls close to all but seniors at 8 a.m. (Non-seniors are expected to leave the College within 24 hours after their last examination.)
May 30	Baccalaureate.
May 31	Commencement.



# FERPA: *Family Educational Rights & Privacy Act*

Welcome Class of 2012

♦ Office of the Dean

♦ Swarthmore College

The information presented here is an abridged version of what appears in the student handbook, the authoritative Swarthmore source for information about the Family Educational Rights and Privacy Act.

## ***Privacy of Information***

The Family Educational Rights and Privacy Act (FERPA), and related federal regulations, establish guidelines protecting the privacy of student records and give college students the rights (subject to certain exceptions and procedures) to review, request amendments to, and challenge their "educational records" in order to ensure that they are not inaccurate or misleading. A policy statement is on file in the Deans' Office and on reserve in McCabe Library setting forth details.

Reports of grades are sent to students at the end of each year. *They are not routinely sent to parents or guardians.* However, grades may be released when students request it. Swarthmore has traditionally been very open with students relative to the content of their records but has followed a conservative policy regarding disclosure of personally identifiable information to outside persons or organizations.

Education records may be disclosed to school officials without prior written consent of the student. School officials include persons employed by the College in administrative, supervisory, academic or research, or support staff positions; persons serving on College governing bodies; or persons employed by or under contract to the College to perform special tasks, such as attorneys and auditors. A school official is determined to have legitimate educational interest if the information requested is necessary to perform tasks appropriate to his or her position or contract agreement, perform tasks related to the student's education, perform tasks related to the discipline of a student, or provide a service such as health care, counseling, institutional research, job placement or financial aid.

Personal information other than "directory information" or matters of public record are not normally released to anyone outside the College without a student's prior consent (though there are a few exceptions). There are two categories of directory information at Swarthmore:

- Published student "directories" which include the Cygnet, a picture book directory of all new students; a directory of enrolled students.
- Other "directory (public) information" includes the following: home address, email address, date and place of birth, photographs, major(s), minor(s), dates of enrollment at Swarthmore, date of graduation or anticipated graduation, degree and honors or awards received, and participation in extracurricular activities including sports, and other similar information. Weight and height of athletic teams are also considered matters of public record.

According to the law, any item of directory information may be released at any time unless the student has filed a written request that specific information not be released, although normally most directory information is not released outside the College community without the student's request. Students who wish to have certain directory items withheld from any release should file their request with the Deans' Office, where questions concerning the College policy or this notice should also be directed.





## ***Parental Notification Policy***

It is the College's policy to treat the student as the person primarily privileged to authorize release of personal information. This policy reflects our philosophy that an important goal of undergraduate education is to continue the student's development as an autonomous adult. The College encourages students to share information with their parents or legal guardians, but ultimately the decision of what information to share rests with the student. Hence, the vast majority of our communications are directed to the student rather than to the parents/guardians. For example, grades are sent only to the student unless the student gives written authorization to the Registrar to send grades to a parent or guardian.

We recognize, however, that this commitment to fostering the development of the student must be balanced with the parents' interest in the well-being of their student, and we recognize that there are times in which parental involvement can be in everyone's best interest. Thus, while our general policy is to be protective of the student's privacy, there are specific instances in which a parent or legal guardian will be notified, enumerated below. In such instances we believe it is appropriate for the student to inform his or her parent or guardian directly, so whenever possible we will allow time for students themselves to do so. However, in critical situations where prompt notification is prudent, a member of the Dean's staff will contact a parent or guardian as soon as possible.

- *Change of status imposed by the College:* A change in the status of a student at the College may be imposed as a result of disciplinary action or unsatisfactory academic progress. If a student is placed on probation, suspended, or expelled, parents are notified. It should be noted that less severe instances of disciplinary or academic action may result in warnings to the student, of which parents are not formally notified.
- *Transport to a hospital in critical situations:* Law prohibits health care professionals from disclosing medical information to the parent or guardian of a student without the student's explicit consent. However, when a student needs to be transported to the hospital in a critical situation, the parent or guardian of the student will be notified. Following our general policy, when the situation permits we will wait until the student herself or himself has the opportunity to notify the parent or guardian or until the student gives explicit consent for a third party to do so.
- *Arrest:* The parent or guardian of the student will be notified if the student is placed under arrest while on college property and detained by law enforcement officials. Note that the College does not post bail for arrested students. If a student receives a citation for a summary offense for which they are not detained, e.g., underage drinking or disorderly conduct, the College generally will not notify the parent or guardian, but the police might choose to do so themselves. In addition, if a student is arrested away from the campus the College generally will not become involved and so will not inform the parent or guardian even if the incident comes to our attention.
- *Unexplained absence from campus:* If it comes to the attention of College officials that a student is inexplicably absent from campus for a prolonged period, a parent or guardian will be contacted in order to ascertain the whereabouts of the student.

Note: The College reserves the right to notify a parent or guardian of a student for reasons other than those listed above, based on our judgment of what is in the best interest of the student and of the College.





# FAMILY INFORMATION FORM: *For Parents to do!*

Alumni Records ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**To be completed by PARENT or GUARDIAN (please print; DUE MAY 23)**

FAX this form to 610-328-8590 or mail, in the envelope provided, to  
Alumni Records Office, Swarthmore College, 500 College Ave., Swarthmore, PA 19081

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_

Parents: ☐ Married ☐ Partnered ☐ Divorced ☐ Separate ☐ Widowed ☐ Single ☐ Guardian

Preference for mailings: ☐ Parent 1 separately ☐ Parent 2 separately  
☐ Parent 1 and Parent 2 together ☐ Other \_\_\_\_\_

## Parent/Guardian 1

Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of College \_\_\_\_\_

Professional/Graduate School \_\_\_\_\_ Degree Yr

Board/Foundation affiliations and volunteer positions: \_\_\_\_\_ Degree Yr

Organization/position \_\_\_\_\_

Organization/position \_\_\_\_\_

Parent 1 Seasonal Address and Dates (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# FAMILY INFORMATION FORM

Alumni Records ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**To be completed by PARENT or GUARDIAN (please print; DUE MAY 23)**

Student Name \_\_\_\_\_

## Parent/Guardian 1: YOUR OTHER CHILDREN:

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Family Information

## GRANDPARENTS OF STUDENTS who wish to receive news and updates from Swarthmore:

Names of Parent/Guardian 1 Parents \_\_\_\_\_

Street Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Parent/Guardian 1:** We are very interested in knowing why YOU support your child's college choice! Please use this space to tell us why you think Swarthmore is a great "fit" for your student.

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# FAMILY INFORMATION FORM: *For Parents to do!*

Alumni Records ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**To be completed by PARENT or GUARDIAN (please print; DUE MAY 23)**

FAX this form to 610-328-8590 or mail, in the envelope provided, to  
Alumni Records Office, Swarthmore College, 500 College Ave., Swarthmore, PA 19081

Student Name \_\_\_\_\_

## Parent/Guardian 2

Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_  
\_\_\_\_\_

Name of College \_\_\_\_\_

Professional/Graduate School \_\_\_\_\_ Degree Yr

Board/Foundation affiliations and volunteer positions: \_\_\_\_\_ Degree Yr

Organization/position \_\_\_\_\_

Organization/position \_\_\_\_\_

Parent 2 Seasonal Address and Dates (if applicable)

\_\_\_\_\_  
\_\_\_\_\_



# FAMILY INFORMATION FORM

Alumni Records ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**To be completed by PARENT or GUARDIAN (please print; DUE MAY 23)**

Student Name \_\_\_\_\_

**Parent/Guardian 2: YOUR OTHER CHILDREN:**

☐ Same as Parent/Guardian 1

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

School/Grade \_\_\_\_\_ College/Year \_\_\_\_\_

Family Information

**GRANDPARENTS OF STUDENTS** who wish to receive news and updates from Swarthmore:

Names of Parent/Guardian 2 Parents \_\_\_\_\_

Street Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Parent/Guardian 2:** We are very interested in knowing why YOU support your child's college choice! Please use this space to tell us why you think Swarthmore is a great "fit" for your student.

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## ***Setting up your accounts:***

To ensure that you receive critical information before you arrive on campus, please take a moment to set up both your *Swarthmore College Network* account and your *mySwarthmore* account.

By activating your Swarthmore accounts, you agree to abide by the Swarthmore College Acceptable Use Policy and the copyright policy in the student handbook. You may read these policies online at:

- <http://www.swarthmore.edu/aup.xml>
- [http://www.swarthmore.edu/its\\_copyright.xml](http://www.swarthmore.edu/its_copyright.xml)

## ***Swarthmore College Account:***

1. Point your web-browser to <http://password.swarthmore.edu>.
2. Log in by selecting "E-Mail" and typing: «**EMAIL\_ADDRESS**»
3. When prompted, enter «**PIN**», your temporary password, and click "Continue."
4. Follow the instructions to choose and enter your security questions. Answers are case sensitive!
5. Click "Change Passwords." The password:
  - must be six to eight characters long,
  - must include at least one uppercase, one lower case, and one numerical character
  - can't include any part of your name.

Once your password is successfully changed, you can log into Swarthmore's web e-mail (Swatmail) using your new username and password: <http://swatmail.swarthmore.edu>.

## ***mySwarthmore Account:***

1. Point your web-browser to <https://myswat.swarthmore.edu>. Note the secure "https://" URL.
2. Log in using «**BANNER\_ID**» as your User ID, and «**PIN**» as your PIN.
3. Set up your mySwarthmore security questions and answers. Review and accept the terms of usage.
4. Set up your own mySwarthmore PIN.

**NOTE: You may use your mySwarthmore account to fill out and submit many of the forms included in this mailing.**





# PERSONAL INFORMATION

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

The information below is information you provided at the time you applied. Please read it over carefully, and make any changes (by crossing out and writing in your correction), or provide any additions that are appropriate.

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Nickname (for CYGNET\* listing): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Hometown City: \_\_\_\_\_ Hometown State: \_\_\_\_\_  
Expected Swarthmore Graduation Year: \_\_\_\_\_

## High School Information (College if transferring)

HS/College Name: \_\_\_\_\_ HS/C Country: \_\_\_\_\_  
HS/C City: \_\_\_\_\_ HS/C State: \_\_\_\_\_ HS Grad. Date: \_\_\_\_\_

## Permanent Contact Information

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## Mailing Address

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Dates to use this address: \_\_\_\_\_ to \_\_\_\_\_

\* See reverse side for information on the CYGNET





# PERSONAL INFORMATION

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

## ***GIVE US YOUR PICTURE FOR THE CYGNET!***

### ***The CYGNET 2012: Guide for New Students***

The Cygnet is an annual publication for new students and contains a photo directory of first year and transfer students, along with information to help you navigate through your first year at Swarthmore. This directory identifies each student's name, hometown and secondary school and is used by the College community, including your fellow classmates. You will receive a copy of the Cygnet when you arrive in the Fall.

### ***CYGNET Photo Guidelines:***

- Please write *your full name, city and state on the back of **each print***.
- Pictures should be a head and shoulder shot of yourself.
- You may submit standard 4X6 color print photos, black and white or digital photos.
- ***Digital copies of a picture can be uploaded if you submit this form online, otherwise please paper clip both prints to this sheet***

***IF NOT SUBMITTING ONLINE,  
PLEASE PAPER CLIP 2 COPIES OF THE SAME PICTURE HERE***



## GENERAL INFORMATION

Swarthmore College assigns each student an academic advisor. This advisor is either a member of the faculty, a dean, or a staff member. The advisor's primary role is to assist you in making decisions about your academic life at Swarthmore. Certainly this means helping you think through which courses to take, but may also include things like helping you:

- ask the right questions of yourself to help you discover which discipline(s) you are passionate about;
- determine how to incorporate community and service learning activities with the Lang Center for Civic and Social Responsibility into your studies;
- find the necessary resources for academic support;
- discover opportunities for summer research or summer work;
- plan for study abroad and for your major;

Like each of you, each advisor is unique—has different interests and works with his/her advisees differently. The role of your academic advisor is to focus on your academic life, and while some advisors will restrict their attention to only academics, others will be happy to talk about many of your extracurricular activities as well. With that in mind, we ask you to list the extracurricular interests you think you might pursue at Swarthmore, your disciplinary interests, the AP and IB exams you have taken and associated scores, and languages studied, including whether or not it is your primary language. We conclude with a list of statements. For each, please indicate your level of agreement with the statement, from strongly disagree to strongly agree. We hope this information will help us match you to an advisor with whom you can work well. This information will also be passed along to your chosen advisor. Please take the time to read the instructions and questions carefully.

It is important to note that we do not expect that your academic advisor is your only source of advice. In particular, you will find that you have peers, Student Academic Mentors (SAMs), Deans, Resident Assistants (RAs), Faculty and other Instructional Staff, Religious Life Advisors, Psychological Counselors, Coaches, and many others who will help you think through not only the academic decisions you must make, but the multitude of other decisions and life events that take place as you move through college.

We look forward to hearing from you.

Garikai Campbell  
Associate Dean for Academic Affairs



# ACADEMIC ADVISOR QUESTIONNAIRE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Extracurricular Interests: Sports</b> (please indicate if you intend to pursue the sport as a <b>varsity</b> athlete)	<b>Interest in Pursuing at Swarthmore</b>			
	70%	>80%	>90%	100%
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Extracurricular Interests: Arts</b>	<b>Interest in Pursuing at Swarthmore</b>			
	70%	>80%	>90%	100%
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Extracurricular Interests: Other</b>	<b>Interest in Pursuing at Swarthmore</b>			
	70%	>80%	>90%	100%
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## List of Disciplinary Interests (for use on the next page)

- |                 |                        |                        |                   |                 |
|-----------------|------------------------|------------------------|-------------------|-----------------|
| Ancient History | Black Studies          | Environmental Studies  | Linguistics       | Psychology      |
| Anthropology    | Chemistry              | Film & Media Studies   | Mathematics       | Public Policy   |
| Arabic Studies  | Chinese                | French                 | Medieval Studies  | Religion        |
| Art History     | Cognitive Science      | German Studies         | Music             | Russian         |
| Art             | Comparative Literature | German                 | Peace & Conflict  | Sociology       |
| Asian Studies   | Computer Science       | Greek                  | Studies           | Spanish         |
| Astronomy       | Dance                  | History                | Philosophy        | Statistics      |
| Astrophysics    | Economics              | Interpretation Theory  | Physics           | Theater         |
| Biology         | Educational Studies    | Japanese               | Psychobiology     | Women's Studies |
| Biochemistry    | Engineering            | Latin American Studies | Political Science |                 |
|                 | English Literature     | Latin                  |                   |                 |



# ACADEMIC ADVISOR QUESTIONNAIRE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>Disciplinary Interests</b> (please choose from list on previous page)	<b>Level of Interest</b>			<b>Possibility of Majoring</b>		
	+	++	+++	+	++	+++
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>AP Exams</b>	<b>Score</b>

<b>IB Exams</b>	<b>Score</b>

<b>Languages</b>	<b>Years Studied</b>	<b>Fluency</b>				<b>Primary Language?</b>
		0	+	++	+++	

Academic Advising



# ACADEMIC ADVISOR QUESTIONNAIRE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

Scale is from **Strongly Disagree** (- -) to **Strongly Agree** (+ +)

	-	-		+	++
1. Math is one of your strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Critical reading of political, historical or literary texts is one of your strengths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. You have a good deal of experience working with laboratory equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. You have a good idea of what to expect at College (both academically and socially).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. You often put off bigger projects and papers until the last minute.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. You expect to be off campus quite a bit (e.g. home during a several weekends each semester; in Philadelphia or on other college campuses a lot; etc).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. You anticipate your parents being very involved in your choice of major.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. You anticipate your career options, the financial implications in particular, being very important in your choice of major.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. You expect the work at Swarthmore to be somewhere between less challenging to a little more challenging than the work you did in high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. You expect the work at Swarthmore to be much more challenging than the work you did in high school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. You expect to spend no more than 10 hours per week on your extracurricular activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. You expect to spend at least 20 hours per week on your extracurricular activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. You expect to work less than 10 hours per week (not including class time) on your academics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. You expect to work at least 20 hours per week (not including class time) on your academics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. During high school, you were very often a person others came to for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. If given the following two choices regarding work that is due on a given date: (a) <i>handing in work that is not your best, but handing it in on time</i> or (b) <i>not handing work in until it is the best work possible</i> , you would choose (b).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. You are confident about your ability to write successfully at the college level?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. In high school, you received positive feedback from your teachers about your skills as a writer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. You have a very clear understanding of what it means to write a well-developed, analytical, critical, logical argument.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. The first draft of your writing is typically good enough to hand in without much revision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. You want to go to medical school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. You want to get teacher certification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# HOUSING QUESTIONNAIRE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**NAME:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_

**HOMETOWN:** \_\_\_\_\_

**STATE OR COUNTRY:** \_\_\_\_\_

**HIGH SCHOOL/COLLEGE:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

Knowing that you will need to make compromises and communicate with new roommate(s) about many issues of living together, please fill out this questionnaire to help us make the best match(es). Please circle any issues that are particularly important to you. Also, please write-in any necessary changes to the above info (name, hometown, etc.).

## **SINGLE SEX HALL?**

☐ Yes, please

☐ No, thank you

☐ I'm indifferent

## **WAKING/SLEEPING HOURS: Which describes you best?**

- ☐ I need my 7-8 hours of sleep
- ☐ Early to bed, early to rise (early to bed at Swat is 11pm-12pm)
- ☐ I burn the midnight oil (I often/prefer to go to bed quite late)
- ☐ I go with the flow (if others are up late, I'll be up late too)

## **SOCIALIZING, NOISE:**

### **Our room should be:**

- ☐ a place to socialize and relax
- ☐ for sleeping and study

### **I prefer to play my music:**

- ☐ softly
- ☐ loudly

### **I study/sleep:**

- ☐ in silence
- ☐ with music

## **NEATNESS:**

### **I am:**

- ☐ compulsively neat
- ☐ in between
- ☐ usually sloppy

### **I prefer my roommate to be:**

- ☐ compulsively neat
- ☐ in between
- ☐ sloppy is OK

## **SMOKING:**

### **I plan to:**

- ☐ smoke in my room
- ☐ smoke outside my room
- ☐ not smoke

### **My roommate should:**

- ☐ be able to smoke in our room
- ☐ smoke outside our room
- ☐ not smoke

### ☐ **I prefer a smoke-free hall**

*On a smoke-free hall students may not smoke in their private rooms. On an unrestricted hall, students may smoke in their rooms with the door closed. There is no smoking in the common spaces in any buildings on campus.*

## **MORE ABOUT YOU:**

**Check the following words that might be used to describe you.** This information will help us know you better and may or may not be used in roommate matching. (Check all that apply.)

- |   |                                   |   |  |  |
|---|-----------------------------------|---|--|--|
| <input type="checkbox"/> artistic       | <input type="checkbox"/> musical  | <input type="checkbox"/> environmentalist     | <input type="checkbox"/> politically conscious | <input type="checkbox"/> need time alone     |
| <input type="checkbox"/> gay-friendly   | <input type="checkbox"/> liberal  | <input type="checkbox"/> conservative         | <input type="checkbox"/> religious             | <input type="checkbox"/> sci-fi/fantasy buff |
| <input type="checkbox"/> outgoing       | <input type="checkbox"/> party-er | <input type="checkbox"/> transgender-friendly | <input type="checkbox"/> laid back             | <input type="checkbox"/> computer buff       |
| <input type="checkbox"/> substance free | <input type="checkbox"/> shy      | <input type="checkbox"/> welcomes diversity   | <input type="checkbox"/> athlete:              | <input type="checkbox"/> studious            |
| sports: _____                           |                                   |   |  |  |

**Are there any other factors we need to know, in assigning you to a roommate and a room?**

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# HOUSING QUESTIONNAIRE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**NAME:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_

**BATHROOMS:**

☐ Gender-neutral\*, please      ☐ Separate male/female      ☐ I'm indifferent

**ROOMMATE(S):**

☐ Roommate of my gender\*      ☐ Roommate of different gender      ☐ I'm indifferent

\* Gender-neutral bathrooms are bathrooms open to use by students of any gender. Some of these bathrooms are single-user, and some accommodate more than one user at a time – all have individual toilet and shower stalls. There currently are gender-neutral bathrooms on several (but not many) halls with first-year students and we currently match first-year roommates of the **same** gender, but this may change in future years. Please indicate your preference.

**SPECIAL ROOM REQUIREMENTS:**

**Describe any special housing requirements (due to disabilities, medical or psychological conditions that need special attention, etc.):**

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**NOTE:** Along with your questionnaire, you must send supporting medical documentation about any disabilities for which you are requesting specific housing accommodations.





# VOLUNTARY DISABILITY DISCLOSURE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

Swarthmore College welcomes students with disabilities to participate fully in all aspects of college life. The Coordinator of Learning Resources and Student Disability Services advises students about the College's policy, procedures and resources, and oversees College compliance with agreed upon, reasonable accommodations.

Along with this form, please provide documentation from the appropriate professional regarding your disability. Any information you provide is voluntary and will be kept strictly confidential. Guidelines for documentation can be found online at: <http://www.swarthmore.edu/x8498.xml>

## General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## What is the nature of your disability? (Please check all that apply)

☐ Attention Deficit/Hyperactivity Disorder

☐ Mobility

☐ Chronic Medical Condition

☐ Psychological

☐ Hearing

☐ Traumatic Brain Injury

☐ Learning Disability

☐ Visual

☐ Medical

☐ Other: \_\_\_\_\_

## Describe how your disability may affect your education and life at Swarthmore:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Indicate any accommodations you will likely request (housing, academic, etc.)

\_\_\_\_\_

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



# VOLUNTARY DISABILITY DISCLOSURE FORM

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**Do you have a disability concern that would prevent you from evacuating a building in an emergency?**

☐ No ☐ Yes

**If YES to the above, check each box and complete each section which applies to you:**

☐ Mobility Limitation ☐ Auditory Limitation  
☐ Visual Limitation ☐ Other Limitation: \_\_\_\_\_

## **Mobility:**

*Does the impairment prohibit you from using steps or hinder your ability to negotiate stairs?*

☐ No ☐ Yes. If Yes, then please describe:

\_\_\_\_\_

*Do you have problems with different kinds of door hardware (latches, knobs, panic hardware, or power assisted buttons, etc.)?* ☐ No ☐ Yes If Yes, then please describe:

\_\_\_\_\_

*Under normal circumstances, if an emergency evacuation were required, would you be able to evacuate a facility without assistance?* ☐ No ☐ Yes

## **Auditory:**

*Do you use hearing assistance devices during the day?* ☐ No ☐ Yes If Yes, please describe:

\_\_\_\_\_

*Under normal circumstances, if an emergency evacuation were required, would you be able to hear the alarm and evacuate without special notification?* ☐ No ☐ Yes

If No, then please describe: \_\_\_\_\_

## **Visual:**

*Does your visual impairment prohibit or hinder your evacuation during an emergency?*

☐ No ☐ Yes

*Do you use a cane or guide dog that helps you with travel throughout the day?*

☐ No ☐ Yes

☐ I hereby give permission for the Coordinator of Student Disability Services and the Director of Public Safety to notify, if needed, my RA or the Housing Coordinator with regard to a specific assistance plan to be used during an emergency evacuation.

Do Not Write

Coordinator Notes: \_\_\_\_\_

\_\_\_\_\_

Disability Serv.



## SPORTS MEDICINE: *Welcome from the Director*

Welcome Class of 2012

♦ Office of the Dean

♦ Swarthmore College

Dear Members of the Class of 2012:

Swarthmore College provides special athletic accident insurance for our students participating in intercollegiate and club sports. This coverage is in excess of your family and College health and accident insurance, so claims resulting from the practice or play of intercollegiate or club athletics must first be submitted against your family coverage.

If you have unpaid balances that remain after a claim has been processed by your primary coverage, the athletic accident insurance will cover up to what is customary and reasonable.

In the event that your son or daughter is injured while participating in an intercollegiate or club sport, it is important for us to know about any medical coverage you have to avoid delays in claim processing. Therefore, please complete the *Insurance Information Sheet* and *Participation Agreement*. Please note, it is vital that all requested information be completed in its entirety.

Each student expecting to participate in intercollegiate or club sports activities at any time during the 2008-2009 academic year must complete these forms. These forms are to be completed and included along with the other forms. The Dean's Office will forward the information to the Sports Medicine Department.

We conduct physical and orthopedic screenings for all varsity student-athletes. The dates and times for these screenings will be determined later in the summer.

Please call if you have any questions. Best wishes for a healthy and productive academic year.

Sincerely,

Marie Mancini, ATC, CSCS

Head Athletic Trainer





# SPORTS MEDICINE: *Insurance and Medical Info.*

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

Student-Athlete \_\_\_\_\_

Student Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_

College Address: Street \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Address: Street \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian 1 \_\_\_\_\_

Mother/Guardian 2 \_\_\_\_\_

Father's Business Phone \_\_\_\_\_

Mother's Business Phone \_\_\_\_\_

## **Insurance Information**

<i>Father's/Guardian 1 Insurance Information</i>	<i>Mother's/Guardian 2 Insurance Information</i>
Policy Holders Name:	Policy Holders Name:
Ins. Co. Name:	Ins. Co. Name:
Ins. Co. Address:	Ins. Co. Address:
Policy#:      Group#:      Plan#:      Class#:	Policy#:      Group#:      Plan#:      Class#:
Employer's Name:	Employer's Name:
Employer's Address:	Employer's Address:
Pre-Auth/Referral Phone#: (      )	Pre-Auth/Referral Phone#: (      )

☐ Check here if you have Swarthmore College Student Accident and Sickness Insurance

## **Sports Medicine Medical History**

Allergies (Medications, insects, Bites, etc.) \_\_\_\_\_

Present Medication Being Taken \_\_\_\_\_

Previous Orthopedic (Muscular-Skeletal), Injuries (Surgical & Non-Surgical) \_\_\_\_\_

Previous General Surgeries \_\_\_\_\_

Ongoing Health Concerns (Asthma, Diabetes, Seizures, Etc.) \_\_\_\_\_

Contact Lenses (Soft/Hard) \_\_\_\_\_

List all Injuries and/or Illnesses Within The Past 12 Months \_\_\_\_\_

I am presently in good health. There is no medical reason to prevent me from participating in college sports:

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# SPORTS MEDICINE: *Participation Agreement*

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

Please Check Appropriate Space(s). *Note:* Checking a space does not commit you to participation in that activity.

Badminton	<input type="checkbox"/>	Frisbee	<input type="checkbox"/>	Softball	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	Lacrosse	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
Cross-Country	<input type="checkbox"/>	Rugby	<input type="checkbox"/>	Track & Field	<input type="checkbox"/>
Field Hockey	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>

## **Student Athlete**

I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risks of playing or practicing in the above sports(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well-being.

Because of the dangers of participating in the above sport(s), I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport, and other team rules and obeying such instructions.

In consideration of Swarthmore College permitting me to practice, play or try out for the College's team(s) checked above and to engage in all activities related to the team, including practicing, playing and traveling, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless Swarthmore College, their agents, servants and employees, the athletic staff of Swarthmore College, the physicians and other practitioners of the healing arts treating me from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Swarthmore College sports team(s) checked above.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I hereby agree to submit any disputes that may arise between myself and Swarthmore College, its agents, servants and employees, the athletic staff of Swarthmore College, the physicians and other practitioners of the healing arts treating me, and all their agents, servants and employees, in connection with my activities at Swarthmore College, to binding arbitration before three arbitrators, in accordance with the Rules of the American Arbitration Association.

**FOR CONTACT OR COLLISION SPORTS:** I specifically acknowledge that \_\_\_\_\_ (indicate sport) is a VIOLENT CONTACT sport, involving even a greater risk of injury than other sports.

\_\_\_\_\_  
Signature of Student Athlete (or Parent or Guardian if under 18)

\_\_\_\_\_  
Student Athlete (Print)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



# STUDENT EMPLOYMENT

Welcome Class of 2012 ♦ Office of the Dean ♦ Swarthmore College

## Thinking about working on Campus?

The Student Employment Office (SEO) is responsible for the College's student employment program, overseeing more than 1,100 students who work part-time on campus. The SEO directs the payroll process, job development, employee/employer relations, and policy determination and implementation.

## Documentation and Verification

We encourage all students to complete and return the enclosed W-4 form, and to come to campus with the documents listed below. This preparation will allow you to seek employment on campus. The IRS and The Bureau of Citizenship and Immigration Services require that all employees in the U.S. complete this documentation; without it you cannot be employed on campus.

- **Employee's Withholding Allowance Certificate (W-4)** [ENCLOSED]  
The W4 form determines the amount of tax that should be withheld from your earnings. Please have your parents help you complete the form.  
*Please Note:* your name must be the same as it appears on your Social Security card and the address should be your home address.
- **Employment Eligibility Verification Form (I-9)** [COMPLETED DURING ORIENTATION]  
The I-9 verifies your identity and your eligibility to work in the United States. You cannot be employed without completing an I-9. Please check over the list below and make sure you bring the correct original documents with you to campus.

### List A

U.S. Passport  
Unexpired Foreign Passport

### List B

State Driver's License  
State Identification Card  
Swarthmore ID Card

### List C

Social Security Card  
State Birth Certificate

You will need one document from List A **OR** one document from **BOTH** Lists B and C. All submitted documents must be originals, with the single exception of a certified photocopy of a birth certificate. You will be issued a Swarthmore College ID when you arrive on campus. If you have questions regarding acceptable documents, please visit: <http://www.uscis.gov/files/form/i-9.pdf>

## Finding a Job

During orientation there will be an information session about working on campus. We will answer any questions that you have and distribute a list of job opportunities on campus. *You do not need to look for a job until you arrive on campus.* We look forward to answering your inquiries when you arrive on campus in the fall.

Peter Owusu-Opoku '09 and David Mai '09, SEO Co-Directors  
Parrish Basement Room #28  
Phone: (610) 328 8176  
Email: [seo@swarthmore.edu](mailto:seo@swarthmore.edu)





# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for **yourself** if no one else can claim you as a dependent. . . . . **A** \_\_\_\_\_
- B Enter "1" if:   
    • You are single and have only one job; or   
    • You are married, have only one job, and your spouse does not work; or   
    • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . **B** \_\_\_\_\_
- C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . **E** \_\_\_\_\_
- F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** \_\_\_\_\_  
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
    • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
    • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** \_\_\_\_\_
- H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** \_\_\_\_\_
- For accuracy, complete all worksheets that apply.   
    • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
    • If you have **more than one job or are married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
    • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b>		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		<b>2008</b>
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ► 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
<b>Employee's signature</b> (Form is not valid unless you sign it.) ►				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet****Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet** (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." . . . . . 2 \_\_\_\_\_
  - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (If zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
  - 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
  - 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
  - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
  - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
  - 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

**Table 1**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,500	0
4,501 - 10,000	1	6,501 - 12,000	1
10,001 - 18,000	2	12,001 - 20,000	2
18,001 - 22,000	3	20,001 - 27,000	3
22,001 - 27,000	4	27,001 - 35,000	4
27,001 - 33,000	5	35,001 - 50,000	5
33,001 - 40,000	6	50,001 - 65,000	6
40,001 - 50,000	7	65,001 - 80,000	7
50,001 - 55,000	8	80,001 - 95,000	8
55,001 - 60,000	9	95,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 100,000	12		
100,001 - 110,000	13		
110,001 - 120,000	14		
120,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
65,001 - 120,000	880	35,001 - 80,000	880
120,001 - 180,000	980	80,001 - 150,000	980
180,001 - 310,000	1,160	150,001 - 340,000	1,160
310,001 and over	1,230	340,001 and over	1,230

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





# TRI-COLLEGE SUMMER INSTITUTE

Welcome Class of 2012

Office of the Dean

Swarthmore College

Dear Members of the Class of 2012:

I would like to invite you to participate in the Tri-College Summer Institute; Seminars on Race, Gender, Class, Privilege and Leadership for first-year students—a special one week training session, sponsored by Swarthmore, Haverford and Bryn Mawr Colleges—August 18<sup>th</sup>-26<sup>th</sup>, 2008. This year's program will take place on the Bryn Mawr College campus.

At Swarthmore, not only do we remain committed to improving our numbers of students from all racial/ethnic groups and to insuring that our populations reflect the socio-economic and ethnic diversity of the United States, but we continue to work hard to achieve a climate that supports diversity in population, pluralism, and community spirit. The Tri-College Summer Institute is one of several programs sponsored by Swarthmore College to enable us to meet our goal of establishing a vibrant, diverse community.

The Tri-College Summer Institute, historically, had focused on assisting students of color with transitional issues associated with attending a predominately white college such as Swarthmore. Several years ago, the Tri-College administrators expanded this transitional/leadership program to include all students interested in exploring issues of race, class, gender, ethnicity, power, and privilege as they will experience them at each institution, in the United States, and in the world.

The Tri-College Summer Institute is designed to help students enhance both their leadership skills and their social awareness. To this end, intensive workshops on intra-ethnic group identity and diversity, intercultural understanding and communications, class, power, privilege, and racism will be offered. The focus of this training is on the relationships and cultural differences on predominately white campuses. This training is also developmental. It is based on the assumption that individuals, groups, and institutions enter a process of development and change they can learn about, accept, include, and eventually build alliances among diverse constituencies and richer communities among diverse individuals.

We believe that (1) self-understanding of identity issues and cross cultural awareness; (2) increased sensitivity to the complexity of other racial/ethnic groups and one's own; and (3) strong skills in communication and leadership all contribute to the development of authentic cross-cultural relationships and positive college experiences for students.

Please note that no fees are involved; tuition, room and board for the one-week session are paid for by the three colleges. Participants are only obligated to attend all seminars and workshops and to complete all assignments in good order. You must provide your own transportation to the Tri-College Summer Institute.

When the program concludes on Sunday, August 24<sup>th</sup>, you will be transported to your dorm rooms at Swarthmore. Between August 24<sup>th</sup> and the beginning of first-year orientation on Tuesday, August 26<sup>th</sup>, there will be opportunities to explore various resources on campus.

We are enclosing an application and informational materials. Spaces are limited—each College is allotted only thirty slots—so, if you plan to attend, you must reply to this invitation as soon as possible, but no later than **June 2<sup>nd</sup>**. Note: *the application is available online* along with many of the other forms. If you have any questions, please contact my administrative assistant, Betsy Durning at 610-690-5744 (edurnin1@swarthmore.edu).

We look forward to hearing from you soon.

Sincerely,

Darryl M. Smaw, Ed. D.

Associate Dean for Multicultural Affairs



***Seminars on  
Race, Gender, Class, Privilege and Leadership  
For First-Year Students***

***Program Format and Activities***

The Tri-College Summer Institute is probably best described as a retreat/intensive workshop experience. Each day the faculty and SRP's (Student Resource Persons) present a program of activities in the morning and afternoons from 9:00AM until 5:00PM. Every day brings a different mix of activities. At the end of the day students participate in journal groups where they have an opportunity to write about and explore issues discussed during the course of the day. In some cases, we analyze what makes ineffective communication and the practice good cross-cultural communication.

Faculty members are available during the day for individual chats or informal discussions during breaks and over meals. SRP's are always available during the day and in the evening for informal discussion, planned discussion, and for organized and spontaneous fun.

Participants report late night discussions that are exhausting and exhilarating, often at the same time. The Tri-College Summer Institute promises to be an intense week filled with a variety of emotions.

***Activities***

- Small Group Discussions + Games + Journal Writing + Lectures + Team Sports +
- Parties + Campus Tours + Off-Campus Trips + Improvisational Theater +
- Group Norm Exercises

***Topics***

- Communication Skills: Strategies and Exercise
- Gender Differences + Conflict Resolution + Time Management
- Intra-Group Experience: Common Ground
- Inter-Group Experiences: Creating Bridges
- Class Power + Privilege
- Navigating the College System
- Campus Climate
- Leadership



# TRI-COLLEGE SUMMER INSTITUTE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

## Application

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Address between June 1 and August 15, 2008:

Street City State Zip

Phone Number: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

T-shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-large ☐ XX Large

### The goals for the Tri-College Summer Institute are:

1. To assist students in their transition to college and enhance leadership skills.
2. To encourage personal and social awareness about issues of difference (race/ethnicity, gender, socio-economic class, power, and privilege) that can serve as a framework for understanding society-at-large, the campus culture, inter/intra group dynamics and individual, interpersonal interactions.
3. To provide support and information that helps students navigate the college system.

The following questions are intended to give an overview of perspectives but no specific response or specific experiences are required for program selection. Please briefly (no more than 200 words per question) answer the following questions.

### 1. Please describe your knowledge of the history and interaction with groups by placing a check mark in the area that describes you best:

	Extremely Good	Very Good	Somewhat Good	Very Good
African Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanics/Latinos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Americans/ Alaskan Natives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# TRI-COLLEGE SUMMER INSTITUTE

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

## *Application*

***2. Why are you interested in participating in this program?***

***3. Describe any previous diversity education programs in which you have participated in or which you played a leadership role.***

***4. What diversity issues are of most interest to you?***

***5. Is there anything else you would like to say about yourself or your life experience in connection with the application to attend the Tri-Co Summer Institute?***



## HEALTH SERVICES: *About Health Cert./Physical*

Welcome Class of 2012 ♦ Office of the Dean ♦ Swarthmore College

### ***Welcome from Beth Kotarski, Director of Swarthmore College Student Health Services***

We are delighted you will be joining the Swarthmore community and hope your years here are healthy ones. Our mission at Swarthmore College Student Health Services is to provide exceptional, comprehensive healthcare to students. Many of our services are offered at no or low cost. With physicians, nurses, nurse practitioners and dieticians on staff, we are able to provide students with many highly specialized services right on campus.

Any registered student may use our walk-in clinic for a health evaluation by a registered nurse. Through this easy access, students are given important health information, scheduled to see a healthcare provider, or treated and released based on the level of illness or injury. Should students need more urgent medical care after hours, a nurse is in the building 24 hours a day, seven days a week while school is in session. We also provide a travel health clinic, gynecological and other reproductive health services, orthopedic physician care, college athletic trainer referral, flu and other vaccinations, allergy shots, and even a massage therapist! We also offer laboratory services for blood or other tests. Our doctors are members of the Crozer Health System, a full-service teaching hospital and trauma center just minutes away.

### ***Health Certificate/Physical:***

All students are **required** to complete and submit the health certificate enclosed in this packet. The form is due to our office by **July 20, 2008**. The physical must be *current* (within the last 6 months) and signed by a healthcare provider *who is not the student's parent*.

**All immunization requirements cited on the form must be completed before coming to campus.** In Pennsylvania, there is a mandatory vaccination requirement for the Meningococcal Vaccine. Students may sign a waiver to defer the vaccine, but we strongly urge students to protect themselves against this rare but life threatening disease.

Tuberculosis screening is required for all *high risk* students. Please follow all directions and requirements. (See physical form for details).

PLEASE ENSURE THAT YOUR HEALTHCARE PROVIDER READS AND COMPLETES EVERY PORTION OF THE FORM. ***YOU WILL NOT BE ADMITTED TO YOUR DORM ROOM WITHOUT THE COMPLETED FORMS ON FILE.***

***The completed physical certificate is due in our office by July 20, 2008.***

If you are unable to complete and return the form by the required deadline, you must contact health services immediately at: 610-328-8058.





## HEALTH SERVICES: *About Insurance*

Welcome Class of 2012 ♦ Office of the Dean ♦ Swarthmore College

### **Health Insurance:**

Health insurance is required for all Swarthmore students. Many families assume that their private health insurance plan will adequately cover a student away from home. But services such as blood tests, MRI's, X-rays, and care received from specialists (dermatologists, ophthalmologists, surgeons, orthopedics, etc.) are often NOT covered.

**Please read the enclosed student health insurance information carefully.** You may want to contact your private insurance carrier for written clarification of their reimbursement policy for emergency **and non-emergency** health care away from home. Many insurance policies provide inadequate access to care while the student is away at college. *For this reason, I hope you will consider purchasing the College health insurance plan, which assures access to doctors and services in the local Crozer Chester Medical Center network.*

**A completed health Insurance Enrollment Sheet is due in our office by June 30<sup>th</sup>.  
FAILURE TO COMPLY WITH THIS DEADLINE WILL RESULT IN AUTOMATIC  
ENROLLMENT INTO THE COLLEGE HEALTH PLAN, AT A RATE OF \$966 PLUS A  
\$50 LATE FEE ASSESSED TO THE FIRST TUITION BILL.**

Finally, if you have special medical needs because of chronic disease or disability, we request that you forward all pertinent health information to our office for your file.

For your convenience, all student health documents which have been mailed to you today may also be found on our webpage at <http://www.swarthmore.edu/health>.

My staff and I look forward to meeting you during opening week activities. Please don't hesitate to contact Carolyn Evans, Student Health Services and Insurance Administrative Assistant, by phone at 610-328-8062 or by email at [health@swarthmore.edu](mailto:health@swarthmore.edu) regarding any questions you may have about this packet.

Sincerely yours,

Beth Kotarski, MSN, CRNP

Director, Student Health Services



Student Health Services  
 500 College Avenue Swarthmore, PA 19081  
 Phone (610) 328-8058 Fax (610) 690-5724  
 Email: [health@swarthmore.edu](mailto:health@swarthmore.edu)

**It is the responsibility of the student to complete pages 1 and 2. Once your physician has completed and signed pages 3, 4 and 5, the form must be delivered, mailed or faxed to the Health Center. Failure to submit a completed health form will result in the inability to review or receive a copy of your grades or transcripts.**

STUDENT: \_\_\_\_\_  
 Last Name First Name Middle Name  
 Soc. Sec.# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 Number and Street City State Zip  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please list up to three people whom we can contact in case of an emergency. (Include parents)

Name	Relationship	Home Phone	Cell Phone

Parents Email Address \_\_\_\_\_

Current Medical or Psychological Problems

Operations/Hospitalizations-Dates

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Past Medical or Psychological Problems

Injuries/Accidents/Concussion

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications Taken Regularly: (Prescription and Nonprescription) and Dosage


Do you have allergies to the following?

Foods

Latex

Medications

(If yes, please list the name and type of reactions)


Name: \_\_\_\_\_

**FAMILY HISTORY (Indicate relatives effected by)**

High Blood Pressure	Thyroid Disease	Heart Disease
Cancer	Diabetes	Migraine
Other		

**PERSONAL HISTORY**

Please indicate below if you have ever experienced any of these problems by checking "Yes."

If you are currently experiencing any of these problems, please check "Currently."

<b>EYE</b> Corrective Lenses/Contacts      Yes      Currently Other Problems      Yes      Currently Other _____ Remarks _____	<b>URINARY</b> Kidney Stones      Yes      Currently Urinary Tract Infections      Yes      Currently Other _____ Remarks _____
<b>ENT</b> Ear Problems      Yes      Currently Other _____ Remarks _____	<b>MUSCULOSKELETAL</b> Back Problems      Yes      Currently Disease or Injury of Joints      Yes      Currently Other _____ Remarks _____
<b>HEART DISEASE</b> High Blood Pressure      Yes      Currently Palpitations      Yes      Currently Heart Murmur      Yes      Currently Other _____ Remarks _____	<b>HEMATOLOGICAL/ONCOLOGICAL</b> Anemia      Yes      Currently Cancer      Yes      Currently Other _____ Remarks _____
<b>RESPIRATORY</b> Shortness of Breath      Yes      Currently Asthma      Yes      Currently Bronchitis      Yes      Currently Other _____ Remarks _____	<b>NEUROLOGICAL/PSYCHOLOGICAL</b> Seizures      Yes      Currently Headaches      Yes      Currently Depression      Yes      Currently Anxiety      Yes      Currently Eating Disorder      Yes      Currently Other _____ Remarks _____
<b>ABDOMINAL</b> Irritable Bowel      Yes      Currently Inflammatory Bowel Disease      Yes      Currently Other _____ Remarks _____	<b>GYNECOLOGICAL</b> Irregular Periods      Yes      Currently Severe Cramps      Yes      Currently Ovarian Cyst      Yes      Currently Other _____ Remarks _____
<b>ENDOCRINE</b> Diabetes      Yes      Currently Thyroid      Yes      Currently Other _____ Remarks _____	<b>SUBSTANCE ABUSE/ILLICIT DRUG USE</b> Smoke      Yes      Currently Alcohol      Yes      Currently Other _____ Remarks _____

Has your physical activity been restricted during the past five (5) years? Yes \_\_\_\_ No \_\_\_\_ . Give reasons and duration \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## IMMUNIZATION RECORD

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

### **PART II – TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER.**

All information must be in English.

### **The following immunizations are mandatory:**

#### **A. TUBERCULOSIS SCREENING**

1. Does the student have signs or symptoms of active tuberculosis disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, proceed to 2. If yes, proceed with additional evaluation to exclude active tuberculosis disease including tuberculin skin testing, chest x-ray and sputum evaluation as indicated.

2. Is the student a member of a high-risk group or is the student entering the health professions? 2 Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, stop. If yes, place tuberculin skin test (Mantoux only: Inject 0.1 ml of purified protein derivative [PPD] tuberculin containing 5 tuberculin units [TU] intradermally into the volar [inner] surface of the forearm.) A history of BCG vaccination should not preclude testing of a member of a high-risk group.

3. Tuberculin Skin Test: Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y

Result: \_\_\_\_\_ (Record actual mm of induration, transverse diameter; if no induration, write "0")

Interpretation (based on mm of induration as well as risk factors): positive \_\_\_\_\_ negative \_\_\_\_\_

4. Chest x-ray (required if tuberculin skin test is positive) result: normal \_\_\_\_\_ abnormal \_\_\_\_\_ Date of chest x-ray : \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

#### **B. M.M.R. (MEASLES, MUMPS, RUBELLA)**

(Two doses required at least 28 days apart for students born after 1956 and all health sciences students.)

1. Dose 1 given at age 12 months or later. .... #1 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

2. Dose 2 given at least 28 days after first dose. .... #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

#### **C. TETANUS-DIPHTHERIA-PERTUSSIS** (Primary series with DTaP, DTP, DT, or Td, and booster must be within the last ten years.

1. Primary series of four doses with DTaP, DTP, DT, or Td:

#1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y

2. Booster: Tdap (preferred) to replace a single dose of Td for booster immunization at least 2-5 years since last dose of Td, depending on age of patient. .... \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

3. Booster: Td within the last ten years. .... \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

#### **D. MENINGITIS**

Vaccine **OR** Waiver is required of all Swarthmore College Residence Students

Date of Vaccination:

Menomune \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Quadrivalent polysaccharide vaccine)

Menactra \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Polysaccharide Diphtheria Toxoid Conjugate Vaccine)

#### **MENINGITIS INFORMATION RESPONSE – Required of all resident students. (Check either #1 or #2)**

1. \_\_\_\_\_ I have had the meningococcal meningitis immunization

2. \_\_\_\_\_ I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine and have decided that I will **NOT** obtain immunization against meningococcal meningitis disease.

SIGNATURE OF STUDENT REQUIRED

(OR PARENT /GUARDIAN IF STUDENT IS UNDER AGE 18)

#### **E. HEPATITIS B**

(All college students. Three doses of vaccine or two doses of adult vaccine in adolescents 11-15 years of age, or a positive hepatitis B surface antibody meets the requirement.)

1. Immunization (hepatitis B)

a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ b. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ Check if Combined Hepatitis A and B vaccine \_\_\_\_\_  
M D Y M D Y M D Y

3. Hepatitis B surface antibody Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: Reactive \_\_\_\_\_ Nonreactive \_\_\_\_\_  
M D Y

## IMMUNIZATIONS CONTINUED

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

### F. POLIO (Primary series, doses at least 28 days apart. Three primary series are acceptable. See ACIP website for details.)

1. OPV alone (oral Sabin three doses): #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y
2. IPV/OPV sequential: IPV #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ IPV #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ OPV #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y
3. IPV alone (injected Salk four doses): #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ #3 \_\_\_\_/\_\_\_\_/\_\_\_\_ #4 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y M D Y

### E. VARICELLA

1. History of Disease Yes \_\_\_\_\_ No \_\_\_\_\_ If so when? \_\_\_\_\_  
**OR**
2. Varicella antibody \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: Reactive \_\_\_\_\_ Non-reactive \_\_\_\_\_  
M D Y  
**OR**
3. Immunization Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y

## Optional

### F. QUADRIVALENT HUMAN PAPILLOMAVIRUS VACCINE (HPV)

(Three doses of vaccine for female college students 11-26 years of age at 0, 2, and 6 month intervals.)

- a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ b. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y

### G. HEPATITIS A

- a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ b. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y
2. Immunization (Combined hepatitis A and B vaccine)  
a. Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ b. Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Dose #3 \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y M D Y M D Y

### H. OTHER If Applicable \_\_\_\_\_

HEALTH CARE PROVIDER Name \_\_\_\_\_ Signature \_\_\_\_\_

<sup>1</sup>The American College Health Association has published guidelines on tuberculosis screening of college and university students. These guidelines are based on recommendations from the Centers for Disease Control and the American Thoracic Society. For more information, visit [www.acha.org](http://www.acha.org) or refer to the CDC's Core Curriculum on Tuberculosis available at state health departments or at the following website: [www.cdc.gov/nchstp/tb/pubs/corecurr/](http://www.cdc.gov/nchstp/tb/pubs/corecurr/).

<sup>2</sup>Categories of high risk students include those students who have arrived within the past 5 years from countries where TB is endemic. It is easier to identify countries of low rather than high TB prevalence. Therefore, students should undergo TB screening if they have arrived from countries EXCEPT those on the following list: Canada, Jamaica, Saint Kitts and Nevis, Saint Lucia, USA, Virgin Islands (USA), Belgium, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, San Marino, Sweden, Switzerland, United Kingdom, American Samoa, Australia, or New Zealand. Other categories of high-risk students include those with HIV infection, who inject drugs, who have resided in, volunteered in, or worked in high-risk congregate settings such as prisons, nursing homes, hospitals, residential facilities for patients with AIDS, or homeless shelters; and those who have clinical conditions such as diabetes, chronic renal failure, leukemias or lymphomas, low body weight, gastrectomy and jejunioileal by-pass, chronic malabsorption syndromes, prolonged corticosteroid therapy (e.g., prednisone 15 mg/d for 1 month) or other immunosuppressive disorders.

# SWARTHMORE COLLEGE

## HEALTH EVALUATION

Patient's Name \_\_\_\_\_

Height: _____ Weight: _____	Amount of weight change in past year _____ gain or _____ loss	
BP: _____/_____	Pulse: _____	Gross Hearing: R _____ L _____
Vision (Uncorrected): R _____ L _____ (Corrected): R _____ L _____		

## CLINICAL EVALUATION

**Please attach any information or instructions to better assist the Health Center staff in this student's health care**

Physical Examination:

Eyes	WNL	Remarks	
Ears	WNL	Remarks	
Nose	WNL	Remarks	
Throat	WNL	Remarks	
Neck	WNL	Remarks	
Lungs	WNL	Remarks	
Heart	WNL	Remarks	
Abdomen	WNL	Remarks	
Lymph Glands	WNL	Remarks	
G.U.	WNL	Remarks	
Skin	WNL	Remarks	
Neuro	WNL	Remarks	
Musculoskeletal	WNL	Remarks	

Current Medications: \_\_\_\_\_

### Laboratory Tests: (Optional)

Hemoglobin or Hematocrit \_\_\_\_\_ Cholesterol \_\_\_\_\_

Urinalysis: Protein \_\_\_\_\_ Glucose \_\_\_\_\_ Other \_\_\_\_\_ Blood Type \_\_\_\_\_

Is student able to participate in all physical activities and athletics? \_\_\_Yes \_\_\_No (If no, explain)

\_\_\_\_\_  
\_\_\_\_\_

Summarize medical and psychological problems or suggestions for Health Center \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Name \_\_\_\_\_

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

Address \_\_\_\_\_ Telephone \_\_\_\_\_





# HEALTH SERVICES: *About Insurance*

Welcome Class of 2012 ♦ Office of the Dean ♦ Swarthmore College

## **Proof of Insurance Required:**

All incoming students must provide Student Health Services with proof of insurance coverage or their intent to enroll in the insurance plan the College offers. Since students and their families are responsible for all medical expenses, students must be covered either by their family's health insurance or the College Plan. It is the student's and parent's responsibility to contact their health insurance plan to find out how their coverage works while a student is attending school not located in their network or home area.

**Note:** Regardless of the type of insurance coverage you choose, **everyone must complete a signed copy of the Health Insurance Enrollment Sheet (on reverse) and provide evidence of current insurance by June 30. Failure to do so will result in being charged the College plan premium of \$966 plus a \$50 late fee.**

## **College Plan Description and Dates of Coverage:**

The name of the Swarthmore College Student Health Insurance Plan is *Inter-County Hospitalization Plan, Inc.* and it provides for:

- Maximum coverage of \$100,000 per illness yearly;
- 80% coverage with providers in the network; 60% out of network;
- Mental Health benefits:
  - Inpatient—up to 20 days per year (80% in network/60% out of network)
  - Outpatient—80% in-network/60% out of network with a \$4,000 maximum
- Medical Evacuation & Repatriation benefits; and,
- Prescription Benefit: \$1000/year.

The 2008-2009 plan is *effective August 17, 2008 through August 17, 2009*. The premium is \$966.00 and is billed in one installment along with other tuition and fees on the fall semester bill, mailed July 2008. Any student needing financial aid assistance must contact the health center by June 30, 2008.

If you enroll in the college health insurance plan: *There are no refunds of any insurance premium paid, and you are enrolled for the full academic year. No student can enroll for the fall semester only.* Insurance cards will be placed in College mailboxes by September 15, 2008.

## **Waiving College Plan Coverage:**

In order to waive coverage, first, your current plan must meet the following requirements:

- Be effective through the academic year;
- Provide for emergency and urgent care locally;
- Cover hospital admissions locally.
- If an HMO, have an arrangement with a local HMO office (e.g. BC/BS, Aetna, United Health Care);
- Provide coverage while studying abroad.

If your plan meets these requirements and you want to waive coverage, sign **Option One** and return the Health Insurance Enrollment Sheet along with a photocopy of your insurance card(s) front and back to the Health Center by June 30, 2008.

## **Accepting College Plan Coverage:**

If your insurer does not meet the above requirements, or if you have no insurance, you must enroll in the plan that the College supports. If you fall into this category, or choose to accept the College plan for other reasons, sign **Option Two** on the Health Insurance Enrollment Sheet, and return it to the Health Center by June 30, 2008.

*Questions? Contact Carolyn Evans at 610-328-8062 or [health@swarthmore.edu](mailto:health@swarthmore.edu)*





# HEALTH INSURANCE ENROLLMENT SHEET

Office of the Dean ♦ Swarthmore College ♦ 500 College Ave ♦ Swarthmore, PA 19081

**THIS FORM MUST BE RECEIVED BY JUNE 30.**

You may email your decision and information to [health@swarthmore.edu](mailto:health@swarthmore.edu), fax this form to (610) 690-5724, or mail this form to: Worth Health Center, Swarthmore College, 500 College Ave., Swarthmore, PA 19081

Student Name: \_\_\_\_\_ Class Year \_\_\_\_\_

**Option 1—Waiving the Swarthmore College Plan:**

\_\_\_\_ My insurance, detailed below, meets the College requirements, and I wish to WAIVE the Swarthmore College Plan. **If you choose this option, you must sign below.**

**Signature:** \_\_\_\_\_  
[parent signature, if student is less than 18 years of age. Student signature otherwise.]

**PRIMARY INSURANCE INFORMATION:** Mandatory if not enrolling in the Swarthmore College Plan

Company Name: \_\_\_\_\_

Name of Primary Insured (Parent/Guardian): \_\_\_\_\_

Mailing Address of Primary Insured: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A LEGIBLE COPY OF YOUR PRIMARY INSURANCE CARD TO THIS FORM (FRONT AND BACK)**

**SECONDARY INSURANCE INFORMATION:**

Company Name: \_\_\_\_\_

**PLEASE ATTACH A LEGIBLE COPY OF YOUR SECONDARY INSURANCE CARD, IF ANY, TO THIS FORM (FRONT AND BACK)**

**Option 2—Accepting the Swarthmore College Plan:**

\_\_\_\_ I would like to enroll in the College Health Insurance Plan at the rate of \$966.00 for the year beginning August 17, 2008 and ending August 17, 2009. **If you choose this option, sign below.**

\_\_\_\_ Because of economic hardship, I would like to be considered for a discounted rate. *I do not have other health insurance that meets the minimum requirements as set forth by the College.*

**Signature:** \_\_\_\_\_  
[parent signature, if student is less than 18 years of age. Student signature otherwise.]

**IF YOU ARE NOT CHOOSING THE COLLEGE HEALTH PLAN, DO NOT SIGN ABOVE.**



## YOUR CAMPUS BOOKSTORE

The Swarthmore College Bookstore is owned and operated by Swarthmore College for the benefit of our community—that means you! As part of the College, we are here to support the academic mission of the College and to enhance student life. The Bookstore staff strives to provide quality products at competitive prices in a friendly environment. We work very hard to deserve your patronage!

**Pull this card and keep it handy.**

If you have questions about anything, Bookstore-related or not, please feel free to contact us. If we don't have the answer to your question, we can usually find it.

**We're here for YOU!**

### Products & Services

We try to carry everything that you will need to be academically successful during your time at Swarthmore. In addition, we carry products and provide services that are meant to make your life easier, to entertain you, or to help you relax. We belong to two different national buying groups comprised of hundreds of stores. So, while we're a small store individually, we have the buying power of the large chain stores. We are always open to suggestions about new products and services that we could offer.

If you have any suggestions, please contact us.

Read on to find out more about our products and services including:

- New & Used Textbooks
- Discounts on Academic Software
- Computer Supplies
- Bed, Bath, and Room Necessities (& Luxuries!)
- Stamps, quarters, and fax service
- Care Packages
- Custom Apparel
- Reading materials for you and your family
- Bookstore Accounts & Other Payment Options



## TEXTBOOKS

Because we are a department within the College and not a large, for-profit corporation, our goal is to cover our expenses—not to make a profit—on the sale of textbooks. We do everything that we can to control the cost of textbooks. We stock as many used books as we can. We offer digital books when available. We use a 20% margin on net-priced books (most stores use 25% or more). And, unlike most college bookstores, we discount a lot of our textbooks. We have what you need, when you need, it at very competitive prices, with no sales tax and no shipping charges. So, before you buy elsewhere, check with us!

For the full scoop on how we price textbooks (discounts, margins, etc.) as well as information about book returns, used books, and "Book Buy-back" (when we buy books back from students), give us a call, send an e-mail, or go to "Store Links" on our web site and click "About Textbooks."

### ***How much will textbooks cost?***

Even though we do everything we can to control textbook prices, books are still expensive. Your total book bill per semester will vary widely depending upon your individual course choices, the requirements for those courses, and the availability of used books and digital books. For the purposes of computing financial aid awards, the College estimates the annual cost of books and supplies to be \$1,080.

## DISCOUNTS ON SOFTWARE

Microsoft Office for less than \$80? Is that legal? Yes! And it isn't just Office. You can get many Microsoft software titles at "academic pricing" which provides significant discounts from "real world" pricing. In partnership with JourneyEd (a leading academic on-line resource) and the Association for Independent Colleges & Universities of Pennsylvania (AICUP), we can offer unbelievable discounts on Microsoft software to members of our campus community. So, before you buy a "discounted software bundle" with a new computer, go to our web site and click on the Technology e-store link so see if you can do better. You will need to provide proof that you are a student in order to buy at academic prices. Your letter of admission will suffice.

If you are looking for other software (like Adobe), give us a call in the Bookstore or send an e-mail message to us for a quote. We can sometimes beat the Technology e-store prices on non-Microsoft software (for Microsoft, the e-store can't be beat!).



## COMPUTER SUPPLIES

We stock many computer supplies including everything recommended for student use by our Information Technology department professionals. We carry network cables, recordable and rewritable CD's & DVD's, USB drives, ink jet printer cartridges & tanks, computer speakers, microphones, replacement mice & keyboards, wrist rests & mouse pads, disc holders & CD holders, cables, security kits, surge protectors, cleaning supplies, iPod accessories, and more. If we don't stock it, we can generally get it in just a day or two.

## BED, BATH, AND ROOM NECESSITIES (AND LUXURIES!)

Over the years, students have asked us to carry things to make life here more comfortable. We like to think that by now we have just about everything you will need. But if we don't, just let us know and we'll do our best to get it.

We make sure that everything we carry follows all of the campus rules, regulations, and recommendations for use in residence halls. For example, our lamps are non-halogen, our waste cans are metal and our sheets are extra-long twin.

Some items are hard to find (extra-long memory foam toppers) or difficult to transport to campus (full-length mirrors). Other items can be difficult to figure out (the right phones for use with our voice mail system). Finally, there are some items you might not even imagine like the "Neverlate 7-day Alarm Clock" which was designed specifically with college students in mind; you can set a different waking time for each day of the week so you're never late for class. We have all of these items and many, many more.

## FAIR TRADE & "GREEN" PRODUCTS

We are very proud of our assortment of energy-saving products, fair trade items, and products made of recycled materials. Make sure you look for them when you visit us. We also recycle ink cartridges and plastic bags (containers are beside our front doors).

## ORDERING IN ADVANCE OF ARRIVAL

You can place an order with us in advance of your arrival on campus. We will pull and pack the items so all you have to do is stop by the Bookstore to pick them up when you get here. Just go to our web site to see the majority of items we have available. Or, if you prefer, use the enclosed order form. If you'd like a little more help, give us a call and we'll be happy to talk with you.



## STAMPS, QUARTER, FAX SERVICE

We sell stamps and quarters at face value. We also send and receive faxes for students. See our web site or call us for fax service details.

## CARE PACKAGES

Care packages can be ordered for mid-terms, finals, get well, birthday, or just to let someone know you're thinking about them. You can order one for another student. Or maybe you could hint to the family that you'd like one yourself! More information can be found on our web site under "Gifts."

## CUSTOM APPAREL

You can design your own garments—sweatshirts, t-shirts, shorts, pants, aprons—one at a time to create just what you want. Pick any sport, academic department, or relationship (Mom, Dad, etc.), pair it with a Swarthmore logo, add a class year if you like, and...voila! You've got a one-of-a-kind, custom garment made to your specifications! Sizes run from 6 months to 6XL! Choose the Custom Apparel link from our web site and start designing!

## THE NEW YORK TIMES

You might consider getting a subscription to your local newspaper to keep up with things going on at home. But don't worry about getting national and international news. You can pick up FREE copies of *The New York Times* at the Bookstore Monday through Saturday compliments of the Office of College and Community Relations.

## READING FOR YOU

The College Prowler puts out a series of books about colleges & universities in which "students speak out" on various topics such as transportation, local atmosphere, dining, housing, facilities, computers, student organizations, and more. Get the "inside scoop" about Swarthmore before you arrive.

## READING FOR YOUR FAMILY

Some parents need a little help "Letting Go." *Letting Go: A Parents' Guide to Understanding the College Years* by Coburn and Treeger is a great resource for parents and is recommended by Dean Larimore and his staff.



# SWARTHMORE COLLEGE BOOKSTORE

Welcome Class of 2012

Office of the Dean

Swarthmore College

Bookstore

## PAYMENT OPTIONS AND BOOKSTORE ACCOUNTS

In addition to cash and checks (made payable to Swarthmore College), we honor MasterCard, VISA, Discover, and American Express cards. We also offer Bookstore Credit and Debit Accounts which can help to ensure that book money is available when it is needed.

**CREDIT ACCOUNTS.** To set up a Credit Account for purchases in the Bookstore, simply supply a credit card number and a monthly limit for the account. At the end of each month, purchases (up to the monthly limit) will be tallied and charged to the credit card number you supply. The balance then re-sets to zero and the next month's purchases begin to tally up to the monthly limit. Your account will stay open from year-to-year unless you tell us to close it.

**DEBIT ACCOUNTS.** You can also deposit money to a Bookstore Debit Account. Then, using your College I.D. card, you can draw from those funds to make purchases in the store. To put money on deposit to a Debit Account, simply use the deposit form below or log onto our secure web site and click on the Debit Account option. You can deposit additional funds by phone, fax, or our secure web site. Account balances remaining at the end of the academic year will be carried over to the next academic year. Upon request, a check will be issued for balances at the end of the academic year.

With either type of Bookstore Account, simply select your purchases, take them to a register, tell the cashier that you have a Bookstore Account, and present your College I.D. card. Your receipt will include details of your purchases as well as your remaining account balance.

## BOOKSTORE ACCOUNT FORM

Complete this form and fax it to (610) 328 8650 or mail it to Swarthmore College Bookstore, 500 College Avenue, Swarthmore, PA 19081. Please print the following:

Your Name \_\_\_\_\_ Your Daytime Phone \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's Class Year \_\_\_\_\_

### For DEBIT ACCOUNTS:

Amount to be deposited \$ \_\_\_\_\_

### For CREDIT ACCOUNTS:

Monthly limit for charges \$ \_\_\_\_\_

Circle one: Check Enclosed    MasterCard    VISA    Discover    Amex

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_



## Your Bookstore Staff

The Bookstore staff is a small, dedicated group. We're quite proud of our store but we know that we can always do better. Tell us how we can help you. We'll do our best to exceed your expectations!

**Linda Bordley**, Office Coordinator, lbordle1@swarthmore.edu, (610) 328-7756.

Linda has been with us for 18 years. When you phone the store's main number (610 328-7756) you will hear Linda's friendly voice on the other end of the line. Linda takes care of Bookstore Accounts as well as phone and web orders.

**Kathy Grace**, Bookstore Director, kgrace1@swarthmore.edu, (610) 328-8586.

Kathy has been in the college bookstore business for 25 years—the past 15 here at Swarthmore. Kathy orders all of the non-book merchandise for the store and works on special projects (like this mailing).

**Michael Harper**, Bookstore Assistant, mharper1@swarthmore.edu, (610) 328-7757.

Mike is our newest employee. He has been here for a little over four years. Mike works with pretty much everything from textbooks and general books to gift items and clothing to food and sundries.

**Steve Levin**, slevin1@swarthmore.edu, (610) 328-8018. Steve came to us 12 years ago after a number of years at Walden Books (don't worry Steve, we won't tell how many!) and a bit of time at the University of Pennsylvania Bookstore. Steve is our book expert. He handles textbooks, reference books, and leisure-reading books.

**Martha Townsend**, mtownse1@swarthmore.edu, (610) 328-7757.

Martha, the smiling woman behind the cash register in the middle of the day, came to us almost five years ago with loads of customer service experience, energy, and enthusiasm. Martha does a bit of everything from ringing sales to ordering food items to sending faxes.

**Bear and Ali**, our "customer service specialists," are also Steve's black Labradors. They came to work one day with Steve. And our students just *loved* having surrogate pets here! So, Bear & Ali come to work almost every day now. The joke in the store is that when Steve is off for the day, no one notices but *everyone* misses Bear & Ali!

**Bart and Harry** are the "executive assistants to the director" (in other words, Kathy's cats). Bart and Harry come to work once or twice a week when Kathy has an "office" day. They stay in the office as executives tend to do. But they love visitors and they're very friendly. So feel free to stop by for a "consultation."





# SWARTHMORE COLLEGE BOOKSTORE

Welcome Class of 2012

Office of the Dean

Swarthmore College

Place your order via our web site or using this form (call us at 610-328-7756, fax to 610-328-8650, or mail to Swarthmore College Bookstore, 500 College Avenue, Swarthmore, PA 19081). Your merchandise will be packed and ready for you to pick up at the Bookstore the day you arrive on campus. Just stop by the Bookstore to pick it up.

<b>BED &amp; BATH</b>		
Bed Risers (will fit either square or round posts—we have both on campus)	\$14.99	
XL Twin Mattress Pad	\$26.99	
XL Twin Memory Foam Mattress Topper	\$39.99	
Sleep Set (2 extra-long fitted sheets, 2 extra-long flat sheets, 2 pillow cases, comforter, mattress pad, pillow)	\$129.99	
Towel Set (wash towel, hand towel, bath towel)	\$24.99	
Shower Set (caddy, sandals, toothbrush holder, soapbox) Sandal size: S M L	\$12.99	
Shower Caddy	\$8.99	
Pop-Open Hamper	\$9.99	
<b>ROOM ACCESSORIES</b>		
Basic Phone (stutter tone message alert)	\$8.99	
Caller ID Phone (with message indicator icon)	\$16.99	
Neverlate 7-day Alarm Clock	\$29.99	
Door Mirror, 14" x 48"	\$19.99	
Gooseneck Desk Lamp	\$12.99	
Torchiere Lamp (uses 3-way bulb, not included)	\$39.99	
3-way bulb (50/100/150)	\$4.49	
63" Triple Light Floor Lamp (uses 3-60 watt bulbs not included)	\$39.99	
60 Watt Soft White Light Bulbs (set of 4)	\$2.99	
12" 3-Speed Oscillating Desk Fan	\$29.99	
20" 3-Speed Box Fan	\$29.99	
Metal Trash Can	\$12.99	
Cube Refrigerator	\$124.99	
<b>COMPUTER ACCESSORIES (order software via site)</b>		
25' Ethernet cable	\$9.99	
Kensington Microsaver Computer Lock for (circle one) Laptop or Desktop	\$29.99	
<b>READING</b>		
Letting Go	\$14.95	
Swarthmore College Off the Record	\$16.95	
The Meaning of Swarthmore	\$12.95	
	Sub-Total	
	6% Pennsylvania Sales Tax	
	Total	

Student's Name (*please print!*) \_\_\_\_\_ Date of arrival on campus \_\_\_\_\_

Your name \_\_\_\_\_ Your daytime phone number \_\_\_\_\_

Circle one:      Check Enclosed      Visa      MasterCard      Discover      American Express

Card #: \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ Signature \_\_\_\_\_







# CAREER SERVICES

Welcome Class of 2012

Office of the Dean

Swarthmore College

*The mission of the Swarthmore Career Services Office is to help students gain self-understanding and connect their interests, values, and skills with knowledge about careers and life beyond college. We encourage students to meet with us early and often throughout their time at Swarthmore College.*

**Career Counseling:** Meet individually with a Career Counselor to identify, explore and evaluate your interests, skills, values, and experiences as they relate to your educational and career plans. We encourage you to start exploring how your major choice relates to potential careers. Once you arrive on campus, attend our *Open House for First-Year Students* in September to meet our Career Counselors and Career Peer Advisors.

**Career Resources:** Visit our *Career Library* in Parrish 135 to explore internship directories, books about various careers, and graduate school guides. Our website connects you to many online career resources, including job, internship, and career exploration tools.

**Career Interest Inventories:** We administer and interpret both the *Campbell Interest & Skill Survey* and the *Myers-Briggs Type Indicator*. Both assessments are valuable ways to explore your personality preferences, interests, and skills as they relate to future options.

**Extern Program:** "Shadow" a Swarthmore alum at work for a few days or a week during winter break. Experience a new career field and gain an "insider's" perspective while developing a mentoring relationship with a Swarthmore alum.

**Alumni/Student Mentoring Opportunities:** Meet alumni through panels, dinners, and other programs throughout the year. All offer a great chance to gain advice and perspective on the world of work, as well as develop mentors to help you along your path.

**Summer Jobs and Internships:** Meet with a Career Counselor to learn about summer internships. Use our internship resources and our alumni network to discover internship opportunities. We will help you develop internship application materials and also provide information on funding and housing options.

**Career Services Special Programs:** Our programming includes annual events such as the ever popular *Business Fundamentals Course for Liberal Arts Majors*. Additionally, *The Breakfast Club* allows students to engage with us for seven weeks to fully discuss career development topics.

**Interview Preparation:** Career Services offers interview workshops that teach you the basics, as well as more advanced interview workshops. Digitally-recorded mock interviews are available by appointment to help you practice for the real thing. You can even borrow a suit from our *Career Closet* to look and feel your best during your actual interviews!

