



NEW STUDENT ORIENTATION CHECKLIST

Student Name _____

Program _____ Date _____

I have received information concerning the following topics during my orientation:

- _____ Program Objectives
- _____ Desired Student Characteristics
- _____ Job Opportunities in the Chosen Field
- _____ Program and/or Course Outlines
- _____ Course Lengths and Schedules
- _____ Licensure Requirements
- _____ General School Policies
 - _____ Clocking Procedures
 - _____ Lockers
 - _____ Kit Policy
 - _____ Dress Code
 - _____ Standards of Conduct/Rules
 - _____ Campus Security and Crime Awareness
 - _____ Drug Free Workplace Policy
 - _____ Student Grievance Policy and Procedure
 - _____ Leave of Absence
 - _____ Disciplinary Policy
 - _____ Counseling Resources and Procedures
 - _____ Reference Materials/Media Center
- _____ Financial Programs
- _____ Cancellation & Refund Policies
- _____ Satisfactory Academic Progress
- _____ Safety, First Aid
 - _____ Evacuation Procedures
 - _____ Location and Use of Fire Extinguishers
- _____ Other Policies as applicable to the School

Signature

Date

