The Inclusion & Diversity Preview (“IDP”) allows an admitted student the opportunity to preview student life at Saint Joseph’s University. By staying overnight with a student host, participating in group activities, and attending classes, we hope your visit will give you a better idea of what Saint Joseph’s has to offer academically and socially.

To ensure a safe and worthwhile experience, we ask that you and your parent(s) review the following information:

- Visiting students are required to abide by all Saint Joseph’s policies including, in particular, the Saint Joseph’s University Community Standards, and will be held accountable for any actions that are contrary to such policies. To better understand our expectations for behavior and the standards for visiting members of the Saint Joseph’s University community, please visit:
  
  http://www.sju.edu/int/studentlife/studentresources/communitystandards/standards.html

- Visiting students must agree not to use or possess alcohol or drugs at any time while traveling, lodging, or participating in this event.

Please sign the Acknowledgement Statement, including waiver and release, below. You must have this form signed in order to participate in this event. Fax this form to James N. Jackson at 610-660-1314 or bring the completed form to check-in on Sunday, April 8, 2018.

As a visiting student, I will abide by Saint Joseph’s University’s community standards. I understand that Saint Joseph’s University policy and federal and state law prohibits the possession or consumption of alcoholic beverages by any person less than 21 years of age and the use of illegal drugs. I acknowledge that if I violate the policy on alcohol and/or drug use or possession, I will be removed from the program and will be asked to leave campus as soon as travel arrangements are finalized. I also understand that any violations of Saint Joseph’s policies may jeopardize my admission to Saint Joseph’s University.

I am voluntarily participating in the IDP activities and voluntarily assume full responsibility for any risks of loss, property damage or personal injury arising from my participation in the IDP. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS SAINT JOSEPH’S UNIVERSITY, INCLUDING ITS TRUSTEES, OFFICERS, EMPLOYEES, AND AGENTS, FROM ANY RESPONSIBILITY OR LIABILITY OF ANY NATURE TO ME FOR ANY PERSONAL INJURIES, HEALTH OR PROPERTY DAMAGE, WHICH I MAY SUFFER OR INCUR EITHER DIRECTLY OR INDIRECTLY AS A RESULT OF MY PARTICIPATION IN THE IDP.

_________________________________    ______________________________________   Date: ___________
Admitted Student Name (please print)  Signature

_________________________________    ______________________________________   Date: ___________
Parent/Guardian Name (please print)  Signature
The following permission form is required for any minor (a person between the ages of 13-18 years old) visiting a Saint Joseph’s University student living in a residence hall without their legal guardian present. Permission must be obtained from the Office of Residence Life at least 48 business hours in advance of visit. A completed and approved permission form must be submitted to James N. Jackson via fax at 610.660.1314 by March 30th, 2018. All guests must be accompanied by their student host at all times while they are in the residence halls. This form is to be completed and signed by ONLY the minor’s parent or legal guardian.

Minor’s Name: _________________________________________________________

Age: ______ Date of Birth: _____________________ Male ______ Female ______

Parent Legal Guardian: ________________________________________________

Home Address: _______________________________________________________

____________________________________________________________________

Parent/Legal Guardian Phone: __________________________________________

Parent/Legal Guardian Cell Phone: ______________________________________

E-mail: ______________________________________________________________

As the minor’s legal guardian, I grant permissions for the minor named above, to visit the residence halls at Saint Joseph’s University.

Parent/Legal Guardian Signature: ___________________________ Date: ________________