

Fall 2009

Dear Student,

We are delighted that you will be spending a night at Yale. During your visit, you will have an opportunity to attend classes, participate in residential college life, and observe students in their extracurricular pursuits. If you take advantage of all that Yale has to offer, we are certain that your visit will be a pleasant one.

While you are a guest at Yale, you are required to adhere to all University rules and regulations. The Undergraduate Regulations are available online at <http://www.yale.edu/yalecollege/publications/uregs/>. (If you would like a hard copy of the Regulations, please contact the Admissions Office in advance of your visit.) You are expected to respect the personal and property rights of others and to conduct yourself with decorum and integrity. Since you will not be supervised or chaperoned during your stay, a visit to our campus is an opportunity to sample both the freedom and the responsibility that first year students experience upon entering Yale. With this freedom, you will be able to explore a dynamic community of interesting and diverse people. At the same time, we expect that you will exercise good judgment and make responsible choices. Please be advised that the use of alcohol or illegal drugs is strictly forbidden and is a violation of Connecticut state law.

Please let the Admissions Office know if you require any special accommodations during your overnight visit.

Plan to arrive at the Office of Undergraduate Admissions (38 Hillhouse Avenue) by 4 pm on the date of your overnight visit. You should bring a sleeping bag, a pillow, spending money (meals are not provided), and other necessary travel items. In case of medical emergency, it is also wise to have a copy of your current medical insurance ID card on hand. If we can be of any assistance before or during your visit, please call or stop by the Admissions Office.

Sincerely,
Office of Undergraduate Admissions
Yale University

Dear Parent,

We ask that you read the letter above. If you are planning to travel to New Haven with your son or daughter you might want to consult our web site for information about local accommodations (<http://www.yale.edu/admit/visit/accommodations.html>). In addition, you may be interested in some of the campus and area events listed in the Yale Weekly Bulletin and Calendar (<http://www.yale.edu/opa/yb&c/>) or at the Yale Visitor Center (<http://www.yale.edu/visitor/>).

******BOTH THE STUDENT AND A PARENT OR LEGAL GUARDIAN MUST SIGN THE FORM THAT FOLLOWS IN ORDER FOR THE STUDENT TO PARTICIPATE IN YALE'S OVERNIGHT HOSTING PROGRAM.***

YALE OVERNIGHT HOSTING PROGRAM

Your signature below indicates that you have read the letter on the reverse side and agree to adhere to the program requirements.

Please fax this form to the Undergraduate Admissions Office, (203) 432-9392, attn: Hosting, at least two days prior to your arrival.

Date of Overnight Visit: _____
month/day/year

**Student
Name (print):** _____

**Student
Signature:** _____ **Date:** _____

**Parent/Legal Guardian
Name (print):** _____

**Parent/Legal Guardian
Signature:** _____ **Date:** _____

**Yale University
Emergency Information
Medical Consent**

In the event of a medical emergency, visitors may be treated at University Health Services, located at 17 Hillhouse Avenue. For students under 18 years of age, University Health Services cannot provide medical attention without the consent of a parent or legal guardian. ***Please fax this form to (203) 432-9392, attn: Hosting, at least two days prior to your arrival.***

Student Name: _____ Date of Overnight Visit: _____
month/day/year

Date of Birth: _____

Physician's Name: _____ Physician's Phone: _____

Allergies: _____

Date of Last Tetanus Booster: _____

Special Medical Conditions: _____

Health Insurance Carrier: _____

Insurance ID #: _____

Person we should contact in case of emergency: _____

Relationship to student: _____

Daytime phone: _____ Evening phone: _____

Cell phone: _____

I, _____ (name of parent or legal guardian), hereby give permission to Yale University Health Services to provide medical care and treatment to _____ (name of student) while s/he participates in the Undergraduate Hosting program on _____ (dates of visit).

Signature of Parent/
Legal Guardian: _____ Date: _____