A COMMITMENT TO SUCCESS

We welcome you to Dorsey College and commend your pursuit of quality career training. You have demonstrated that you not only possess the ability, but more importantly the motivation and desire to be a successful graduate with a satisfying career. Making a commitment such as this, to enhance the quality of your life, is a very responsible decision that offers lifetime rewards.

We want you to be an active member of the Dorsey College Team and challenge you to take charge of YOUR education needs. It is important for you to understand YOUR role as a team member. Therefore, it is very important for you to remember while attending Dorsey College:

- A. Your success will be greatly determined by YOUR attendance... make a commitment to be on time and attend every day.
- B. Do not allow yourself to fall behind in studies and assignments... getting behind can snowball and cause you to become discouraged and lose control.
- C. You must maintain a minimum cumulative grade point average (GPA) in your program ... believe in yourself and apply a sincere and genuine effort.
- D. Our Graduate Career Services do not guarantee placement... we support you, but only YOU can guarantee your success.

The efforts YOU put forward now will reflect in the success you gain in your career. By following the items listed above, your experience at Dorsey College will be both enjoyable and rewarding.

I acknowledge that I have received or been given access to each of the items below. I understand each item and agree to abide by all policies contained in these documents:

- Emergency Contact and Personal Information
- Publicity and Media Release Form
- The following items are available on the Dorsey College website or in the Dorsey catalog available on the website at www.dorsey.edu; a printed catalog copy is available upon request.
 - Electronic Communication Device Policy & Student Use of Computer Systems and Networks
 - Student Code of Conduct
 - Standards of Professional Appearance (program-specific)
 - Attendance Policies (program-specific)
- Higher Education and Marijuana Fact Sheet (available at https://www.dorsey.edu/wp-content/uploads/2024/03/Fact-Sheet-Marijuana-3.2024.pdf)
- Notice of Availability: Annual Safety and Security Report (available at https://www.dorsey.edu/disclosures/ and sent annually to active students)
- Drug and Alcohol Abuse Prevention Policy including Smoke-Free and Tobacco-Free Policy (available at https://www.dorsey.edu/disclosures/ and sent annually to active students)
- Health and Safety Plan (available at https://www.dorsey.edu/policies-and-plans/)
- Course Syllabus

I further understand that additional information on Textbook Pricing and Consumer Information is directly accessible on Dorsey's website homepage located at www.borsey.edu.

I hereby release Dorsey College, its officials, agents, and employees from any and all liability or responsibility for injury to my person or property from whatever cause, which may occur during or result from a school event, tour, field trip, or any other activity related to Dorsey College.

I understand that I must notify Dorsey College of a change in my name, address, email, or phone number in writing. I also understand that I am not permitted to bring children or other dependents to school with me.

Dorsey College
Your Career Connection Since 1934

Student Signature:	Date:				
Print Name:					

Rev. 03/2024



Student Signature:____

EMERGENCY CONTACT AND PERSONAL INFORMATION

Rev. 06/2021

Last Name	First Name		Middle Name		Maiden Name (If Applicable)	
				Is this	a new add	dress? □Yes □No
Street Address			Apt #			
City	State	Zip		() Phone Num	ber
,						
Email Address		(<u>)</u> Cell Phone	2			
WHO SHOULD WE CONTACT IN CASE OF EMERGENCY?						
		())
Emergency Contact Relationsh	nip	Emergenc	y Daytime	e Phone	Emerge	ency Evening Phone
Address		City			State	Zip
Emergency Contact Relationsh		()_ Emergenc	- – – – – v Davtime		(Emerge) ency Evening Phone
		2 02 3	, .,.		- 0	,
Address		City			State	Zip
Are you aware of anything that may prevent you from s	uccessfully	completing	vour tra	ining?	YES	S NO
If YES, please explain:						
Please check appropriate boxes below with explanatio	ns as reau	ested (note t	hat hea	lth infoi	mation is	voluntary)
Please describe your general health: GOOD		FAIR ($\overline{}$	=		in and indicate any medical
conditions or problems that you would like us to know at the time of an emergency while at DorseyCollege		s information			d to any a	ttending medical personnel
Do you have any health matters or disabilities of which	we need to	be aware?	Ye	S	NO	
Would you like to request accommodations? Yes	NO	If YES, pleas	se descr	ibe the	type of ac	commodations requested:
·						
Physician's Name	Emergeno	y Daytime Phon	<u> </u>	Emergen	cy Evening P	hone
Preferred Hospital(s):	_			-	-	
. ,,						

_Date: ___





PUBLICITY AND MEDIA RELEASE FORM

In this consent, DORSEY means Dorsey College campus locations, Dorsey School of Beauty (located in Taylor, MI), each organization's partners and affiliates. I hereby agree and consent to grant to DORSEY the absolute and irrevocable right and permission to use my name, biography, quotations, image likeness, voice recordings, videos and/or still images of me, for any promotion, advertisement or other use DORSEY may choose. I further authorize DORSEY to: reproduce, edit, exhibit, project, display, copyright, and/or publish the pictures and/or videotaped images of me with or without my voice, or in which I may be included in whole or in part, and to circulate and/or use the same in all forms of DORSEY, advertisements, publicity and/or any other lawful purpose whatsoever. It is acknowledged that I have agreed to waive compensation for such consent and that no compensation is owed to me from DORSEY. I also understand that DORSEY have no obligation to use my image or voice.

I grant DORSEY the unrestricted right to use and publish my personal information, including but not limited to my name, program, work experience, school history and/or experience, and all other information related to my involvement with DORSEY, for anyand all purposes.

I further agree that I release DORSEY from any and all claims and liability which may arise as a result of its use of my voice and/or image and I agree that if by reason of my statements and/or actions there is any claim or litigation involving any charge by third persons against DORSEY, that I will hold DORSEY and their agents, employees and representatives harmless from liability, loss or expense arising from such claim or litigation.

By my signature below, I waive any and all claims which I have or may have as a result of DORSEY use of my likeness and/or voice.

Examples of Possible Use

- Video made during a presentation or project shared with a television station.
- > CD/DVD made from videotaped interviews and activities to be shared with the public.
- Participation in school or classroom activities, workshops, or conferences posted on the internet via the institution's website, social networking, and/or social medial tools and services.
- Pictures and quotations taken during interviews used in printed publication such as newspapers, magazines or newsletters.

Please print.	
Name:	
Address:	
City:	
Home Phone:	
Cell Phone:	
Program:	
Signature:	
Comments / Quotes:	