

Address while at Florida State University:

Street Address			Apt. #
City	State	Zip Code	(____) _____ Phone Number

Address while abroad:

Street Address			Apt. #
City	Country	Postal Code	Phone Number (include country and city codes)

Emergency Information In case of emergency, please contact:

Name		Relation
Street Address		City
(____) _____ Day Phone		(____) _____ Night Phone
		(____) _____ Cell Phone
		State
		Zip

ACADEMIC INFORMATION

8. School Information

FLORIDA STATE UNIVERSITY	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University	Currently Enrolled?	Major
_____ (overall g.p.a.)	Class Rank	<input checked="" type="checkbox"/> GRADUATE _____ (# of College Semester Hours Completed)

FEE LIABILITY

12. Fee Liability

- Fee: The \$75 fee is nonrefundable.

I have read and understood the Fee Liability indicated here and accept the specified financial liabilities.

Yes No

I hereby acknowledge that all responses contained in this application are complete and accurate and I agree to all the conditions specified herein. I understand that I am required to have medical insurance coverage for the duration of my period of study abroad and hereby certify that I have obtained or will obtain this coverage prior to my departure from the United States.

Signature of applicant

Date

I fully endorse this program.

Printed Name of Chair

Signature of Chair

Date

Printed name of student

Social Security Number

APPLICATION FEE

Method of Payment

Check enclosed

Credit card *Type of card:* FSUCard VISA MasterCard American Express Discover

Amount to be Charged \$75.00

Applicant Name

Cardholder Name

Account Number

Expiration Date

(Approval Code—office use only)