
Printed name of student

Social Security Number

Address while at foreign school:

Street Address

Apt. #

City

Country

Postal Code

Phone Number (include country and city codes)

7. Emergency Information In case of emergency, please contact:

Name

Relation

Street Address

City

State

Zip

()
Day Phone

()
Night Phone

()
Cell Phone

ACADEMIC INFORMATION

8. School Information

Florida State University Currently Enrolled? Yes No

Major

Class Rank (FR SO JR SR)

Overall GPA

of College Semester
Hours Completed

9. Course Request

List the prefix/number of the courses for which you should be registered (i.e. FRE 2200). Include number of credits and the instructor of record who will be responsible for assigning the final grade for the course. Note: Any special topics or directed individual study courses must include the title of the course.

- | | | | | |
|----|----------------------|-----------------|--------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| | course prefix/number | title of course | # of credits | instructor of record |
| 2. | _____ | _____ | _____ | _____ |
| | course prefix/number | title of course | # of credits | instructor of record |
| 3. | _____ | _____ | _____ | _____ |
| | course prefix/number | title of course | # of credits | instructor of record |
| 4. | _____ | _____ | _____ | _____ |
| | course prefix/number | title of course | # of credits | instructor of record |
| 5. | _____ | _____ | _____ | _____ |
| | course prefix/number | title of course | # of credits | instructor of record |

I approve of the courses indicated on this form.

Printed name of academic advisor

Date

Signature of academic advisor

Date

Printed name of student

Social Security Number

FINANCIAL INFORMATION

10. Financial Aid/Scholarship Funds/Florida Pre-Paid *Before applying, review financial aid procedures available on the FSU International Programs website or from our office.*

Do you anticipate receiving financial aid, scholarship, or Florida Prepaid funds for use during your semester abroad? Yes No

AUTHORIZATIONS AND SIGNATURES

11. Authorizations *Please read and acknowledge the following statements*

I understand that if accepted into the program, I will be required to sign medical and general release forms and an agreement to comply with all rules and regulations of the program. Yes No

I authorize release of my name and other contact information to other program participants. Yes No

I authorize International Programs to discuss financial aspects of my program with my parent/guardian. Yes No

Fee Liability and Refund Policy

12. Fee Liability And Refund Policy *Please read and acknowledge the following policies.*

Note: Application and full payment deadlines are the same as the published International Programs deadlines found here: <http://www.international.fsu.edu/Application/Deadlines.htm>

- Application Fee: The \$100 application fee is nonrefundable.
- Full Program Fee: Students who have not withdrawn from the program as of the full-payment due date become fully liable for the full program fee as of the close of business on the full-payment due date.
- Students who submit applications after the published payment due dates remain liable for fees in accordance with the published due dates found here: <http://www.international.fsu.edu/Application/Deadlines.htm>

For all programs:

Full refunds of program fees may be granted in instances of withdrawal prior to the start of the program under the following circumstances:

1. Cancellation of the program by International Programs
2. Involuntary call to active duty
3. Death of the student or death in the immediate family (parent, legal guardian, spouse, child, or sibling)
4. Illness of the student of such duration or severity that precludes overseas travel. The student will be required to submit all relevant medical records for review and evaluation by FSU's Thagard Health Center. Thagard Health Center will advise the International Programs' refund committee of its recommendation. The International Programs' refund committee will notify the student of the decision.
5. Exceptional circumstances that could not have been foreseen and were beyond the control of the student, as approved by the International Programs refund committee

Timely notification in relation to the event will be considered in evaluating your request for refund.

All withdrawals, requests for refunds, and requests for release from fee liability must be submitted in writing to International Programs at the following address: **Office of International Programs, A5500 University Center, Florida State University, Tallahassee, FL 32306-2420**

Please note: You agree to provide a copy of the receipt showing paid instructional fees at the foreign school (or program) where you will enroll in credits. If this receipt indicates you have paid equal to or more instructional fees than would be charged by Florida State University, no additional assessment will be incurred. If, however, the receipt indicates you have paid less for instructional fees than Florida State University would assess, you agree to pay the difference as calculated by our accountant, Nancy Smith. Fax, email as an attachment, mail, or bring into the International Programs office your receipt to the attention of: Nancy Smith (nhsmith@fsu.edu) or fax 850-644-8817 or FSU International Programs, A5500 University Center, Tallahassee, FL 32306-2420. Failure to submit the receipt showing paid instructional fees at the foreign school (or program) will result in your being assessed instructional fees at FSU's current rate for the credits in which you enroll.

I have read and understood the Fee Liability and Refund Policy indicated here and accept the specified financial liabilities. Yes No

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Provide foreign study institution contact information (name, address, phones, email address):

School Name _____

Contact Person _____

School Address _____

School Contact Day Telephone _____ Night Telephone _____

School Contact email _____

I fully endorse this program. _____

Printed Name of Chair

Signature of Chair

Date

I hereby acknowledge that all responses contained in this application are complete and accurate and I agree to all the conditions specified herein.

Signature of applicant or of legal guardian if under 18

Date

APPLICATION FEE

Method of Payment

Check enclosed

Credit card Type of card: VISA MasterCard American Express Discover

Amount to be Charged \$100.00

Applicant Name _____

Cardholder Name _____

Account Number _____

Expiration Date _____

(Approval Code—office use only)