

IMPORTANT FORMS & INFORMATION PACKET

ATTENTION ALL INDEPENDENT STUDY/INTERNSHIP STUDENTS!

The following forms and important information **MUST** be submitted to International Programs by **ALL** participants **by the dates listed below**.

Send to:
FSU International Programs
P.O. Box 3062420
A5500 University Center
Tallahassee, Florida 32306-2420

IMPORTANT FORMS:

FSU International Programs Legal Document
(signature required)

Medical Self-Report Form

Special Needs Form

International Student I.D. Card Application

Travel Information Form (Please email your flight information to jsrichardon@admin.fsu.edu.)

RETURN BY:

Confirmation Payment Deadline

Confirmation Payment Deadline

Confirmation Payment Deadline

Confirmation Payment Deadline

As soon as travel arrangements are complete

IMPORTANT INFORMATION

Signed Copy of Passport/Visa

Fee Deferment Request Form *If applicable to you, this form is included. It is also available on our website.*

RETURN BY:

Confirmation Payment Deadline **or** when you have it/them.

Confirmation Payment Deadline

You will receive information about registration as your program dates near. Realize that registration for classes, if applicable, usually takes place later than it does on the Tallahassee campus. Please complete these forms and submit all requested information to our office by the deadline indicated above to ensure your ability to register for classes.

INDEPENDENT STUDY/INTERNSHIP LEGAL DOCUMENT

- CONSENT, RELEASE, HOLD HARMLESS, ASSUMPTION OF RISK AND WAIVER OF LIABILITY**
- MEDICAL AUTHORIZATION AND CONSENT**
- AGREEMENT TO COMPLY WITH FSU RULES & HOST COUNTRY LAWS**

Name: _____	Social Security Number: _____
Program Location: _____	Session Code: _____
Term <input type="checkbox"/> Summer 2009 <input type="checkbox"/> Fall 2009 <input type="checkbox"/> Spring 2010	(This code can be found in your acceptance email.)

APPLICANTS UNDER 18: IN ADDITION TO YOUR OWN INITIALS/SIGNATURES, YOUR PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED AS HIS OR HER AUTHORIZATION, AGREEMENT AND ACCEPTANCE TO COMPLY WITH ALL THE STATEMENTS OF THIS CONTRACT.

Statement of voluntary medical authorization and consent; general release; hold harmless; assumption of risk; waiver of liability; agreement to comply with all rules, regulations, instructions and standards of student behavior; for participation in an Independent Study/Internship Program. (PLEASE FILL IN THE BLANKS, INITIAL EACH SECTION AND SIGN. THANK YOU.)

SECTION 1. CONSENT, RELEASE, HOLD HARMLESS, ASSUMPTION OF RISK AND WAIVER OF LIABILITY

IN CONSIDERATION of my voluntary participation and enrollment in an Independent Study/Internship Program offered by the Florida State University International Programs, with the program location being in _____ (city/country of program) and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, I,

- _____ **(initial)** Having actual knowledge and conscious appreciation of the possibility of accident or injury to my person; loss or damage to my property (belongings); and delay and/or incurrence of additional expenses resulting from strikes, vehicle break downs, political unrest, violence, weather conditions, quarantine, sickness, government restrictions or regulations; acts or omissions of any airlines, railroad, buses, taxis, hotels, restaurants, or travel agencies and agents, employees, and representatives (due to my voluntary participation in an educational program located outside the United States), do hereby voluntarily consent to my enrollment and participation in the aforementioned educational independent study/internship program and specifically assume the risks arising there from, as well as hereby specifically hold harmless and release and forever discharge The Florida State University, The Florida State University International Programs Association, Inc., the Florida State University Board of Trustees, the Florida Board of Governors, and their agents, officers, assistants, faculty, and employees, in both their individual capacities and by reason of their relationship to The Florida State University, The Florida State University International Programs Association, Inc., the Florida State University Board of Trustees, the Florida Board of Governors, their successors and assigns, by reason of any accident, illness, or injury, or any other consequences arising or resulting directly or indirectly from my participation in the independent study/internship program offered by the Florida State University International Programs Association, Inc., and occurring during my enrollment and participation in the Independent Study/Internship Program or at any time subsequent thereto.
- _____ **(initial)** I FURTHER declare and represent that I am on notice, my signature below being evidence and acknowledgment thereof, that The Florida State University International Programs Association, Inc. is not responsible or liable for any injury, accident, loss, or damage whatsoever suffered or incurred by me during periods of independent study and/or travel when I am on my own and which are unsupervised by University officials, agents, or employees or during any absences from University- or Center-supervised activities.
- _____ **(initial)** I do hereby hold harmless and release and forever discharge The Florida State University, The Florida State University International Programs Association, Inc., the Florida State University Board of Trustees, the Florida Board of Governors, and their agents, officers, assistants, faculty, and employees, in both their individual capacities and by reason of their relationship to The Florida State University, The Florida State University International Programs Association, Inc., the Florida State University Board of Trustees, the Florida Board of Governors, and their successors and assigns, from any and all claims and Demands whatsoever, including action or inaction, which I have or any person acting in my behalf as an heir, representative, executor, or administrator has or may have against The Florida State University, The Florida State University International Programs Association, Inc., the Florida State University Board of Trustees, the Florida Board of Governors, and their successors and assigns, by reason of any injury, accident, loss, or damage whatsoever suffered or incurred by me during periods of independent study and/or travel on my own or during any absences from University- or Program-sponsored and -supervised activities.
- _____ **(initial)** Participants are reminded that our program-provided housing is in facilities regulated by the respective country's law. Although the FSU rules and regulations apply on our study program, the law of the land where any misdemeanor or felony occurs takes precedence and FSU cannot supersede these regulations or laws. Should any claims be made against a Study Abroad Program from incidents in another country against FSU, its agents, representatives, faculty, fellow students or others, these charges must be made and settled in the country where the offence took place and will be subject to the laws of that land.

SECTION 2. MEDICAL AUTHORIZATION AND CONSENT

____ (initial) I, _____, having actual knowledge and conscious appreciation of the possibility of accident, illness, or injury to my person due to my participation in an educational program located outside the United States and the possible remoteness of the latest medical technology and equipment, do hereby consent and authorize The Florida State University International Programs Association, Inc., acting by and through the Florida State University Board of Trustees, the Florida Board of Governors, its agents, faculty, and employees involved in and working with the international Study Program, full authority in the event of an accident, illness, or injury to my person, to take whatever measures and action they consider necessary and warranted under the circumstances to protect, safeguard, and minimize further injury to my health and safety. I understand such actions may involve or require placing me in a hospital within or outside the United States for medical services and treatment, or, if no hospital is readily available, to place me in the care of a local physician for treatment. If deemed necessary or desirable, I authorize said University officials, faculty, and employees to transport me back to the United States by commercial airline or otherwise for medical treatment. I further agree any and all expenses incurred in rendering these services, whether placing me in a hospital, in the care of a physician, or transporting me back to the United States by commercial airline or otherwise, will be a debt and liability I am responsible for, and I agree to make immediate repayment, time being of the essence.

____ (initial) Indication on your Medical Self-Report Form of medical treatment, long-term disability, chronic illness and/or psychiatric treatment may result in the requirement of written doctor's clearance for participation on the independent study/internship program.

SECTION 3. AGREEMENT TO COMPLY WITH FSU RULES

____ (initial) In addition, I, _____, do hereby voluntarily consent and agree to the following:

1. To comply with all Florida State University rules, regulations, instructions, and standards of student conduct and behavior.
2. That the Florida State University has the authority to enforce appropriate University rules, regulations, instructions, and standards of conduct and behavior.
3. That the Florida State University may at any time terminate my participation in the independent study/internship program for failure to maintain said University rules, regulations, instructions, and standards of conduct and behavior, or for any actions on my part considered to be incompatible with the interest, harmony, comfort, and welfare of other students, faculty, University employees, or nationals of the host country.
4. That in the event my participation in the International Study Program is terminated before the end of the regularly scheduled Program session because of a violation on my part of one or more of said University rules, regulations, instructions, and/or standards of conduct and behavior, I consent to being sent home at my own expense with no refund of Program fees.
5. That on all group tours, field trips, cultural events, or other activities arranged by the Florida State University I agree to accept the expressed will of the majority whenever a matter of choice is presented to the group.
6. That due to the nature of the Program being organized, located, and taught in a foreign country, I expressly agree to accept in good faith the instructions and suggestions of the Program Director(s) in all matters relating to the Program, standards of conduct, and personal behavior.
7. That I understand and agree the Florida State University reserves the right to make cancellations, changes, or substitutions in cases of emergency or changed conditions, or in the interest of the group.
8. That I understand and agree that I am fully liable for all program fees associated with my program if I have not submitted in writing a letter of withdrawal in accordance with International Programs deadlines. Further, I understand that no consideration for a refund will be made once the program has begun. That Program fees and charges are based on airfares, lodging rates, and travel costs currently in effect and are subject to change.
9. That if I leave the Program voluntarily for any reason, or due to my violation of rules, regulations, instructions, and/or standards of conduct and behavior there will be no refund of Program fees already paid, and any increases in airfare incurred for early or late departure from the Program must be paid by me.
10. (If Applicable) To additionally comply with policies set forth in the student Conduct Agreement for High School Students.

FINALLY, I HEREBY declare and represent in making, executing, and rendering this Statement of Voluntary Medical Authorization, Consent and General Release and Waiver of Liability and Agreement to Comply with FSU Rules and host country laws, I fully understand and acknowledge by my signature I am relying wholly upon my own judgment, belief, and knowledge of the circumstances involved in my participation and enrollment in the Independent Study/internship Program located in _____ (city/country of program). I have read this statement, understood its contents, and execute it of my own free will and choice.

IN WITNESS WHEREOF, I have executed this instrument on this _____ day of _____, 20_____.

Signature of participant/student/occupant

Social Security Number

(For applicants under 18) Signature of Parent/Legal Guardian

Social Security Number

INTERNATIONAL PROGRAMS MEDICAL SELF-REPORT FORM

This form will be kept on file in case of emergency, and will only be utilized by members of FSU staff on a 'need to know' basis. Admissions decisions are not made based on medical information, but a member of IP staff may contact you prior to departure to discuss how particular conditions may impact your independent study/internship program. International Programs reserves the right to ask students with certain medical conditions to sign an additional waiver of liability. In the event of serious disease, injury, or the need for major surgery, all reasonable efforts will be made for you to make your own medical decisions, but in an effort to help preserve life or health, International Programs reserves the right to share this form with medical professionals providing treatment.

PROGRAM INFORMATION

1. Program Location _____
2. Session Code _____
(This code can be found in your acceptance email.)
3. Program Term Fall Spring Summer
4. Year _____

PERSONAL INFORMATION

5. First Name _____
6. Last Name _____
7. M.I. _____
8. Address _____
Street Address City State Zip
9. Telephone Number _____
(daytime) (evening)
10. Social Security Number _____

EMERGENCY INFORMATION

11. Emergency Contact Person (*and relationship*) _____
12. Emergency Contact Telephone Number(s) _____
(daytime) (evening)

APPLICANT'S MEDICAL HISTORY

Do you currently have or have you ever had any medical conditions (diagnosed or not diagnosed) relating to the following systems? If yes, please describe the condition and whether or not it being treated or is resolved. Use back or additional pages if necessary. Purposeful omissions or misrepresentations may jeopardize course drop and/or withdrawal requests for medical reasons.

System	No	Yes	Diagnosis / Description of Condition
1. Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Neck/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Mouth/Dental	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Lymph nodes	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Chest/lungs/asthma bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Heart/BP/vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Anemia/Blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Stomach/other gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Diabetes/Thyroid/ other Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Kidney/urinary tract/gynecologic	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Neurological/fainting dizziness/seizures	<input type="checkbox"/>	<input type="checkbox"/>	_____

- 16. Mental Health _____
- 17. Major injuries _____
- 18. Other _____

OTHER MEDICAL HISTORY

- 1. Yes No Are you allergic to any medications?
Description: _____
- 2. Yes No Do you have any other food or environmental allergies?
Description: _____
- 3. Yes No Do you take any current prescription medications, vitamins, supplements, herbal remedies, etc on a regular or intermittent basis (include oral contraceptives, over the counter remedies, etc.)?
Description: _____
- 4. Yes No Do you smoke or use tobacco products?
Description: _____
- 5. Yes No Have you ever been hospitalized?
Description: _____
- 6. Yes No Have you ever had any surgery?
Description: _____
- 7. Yes No Have you been treated for any infectious diseases like active TB, pneumonia, kidney infections, Hepatitis, HIV, etc.?
Description: _____
- 8. Yes No Have you ever been treated for depression, anxiety, panic attacks, ADHD or ADD, eating disorders, persistent insomnia, bipolar disorder, or had any counseling or psychiatric visits for any reason?
Description: _____
- 9. Yes No Have you ever been treated for alcohol or drug abuse or dependency?
Description: _____
- 10. Yes No Do you have any disabilities?
Description: _____
- 11. Yes No Have you ever requested & received any accommodations under the Americans with Disabilities Act?
Description: _____

(Describe in detail the nature of your disability and the accommodation provided. Understand that such accommodations may not likely be available outside of FSU and the USA.)

FAMILY HISTORY

- | | | | |
|------------|---|------------------------------------|-------|
| Father | <input type="checkbox"/> living <input type="checkbox"/> deceased | Medical problems or cause of death | _____ |
| Mother | <input type="checkbox"/> living <input type="checkbox"/> deceased | Medical problems or cause of death | _____ |
| Sibling(s) | <input type="checkbox"/> living <input type="checkbox"/> deceased | Medical problems or cause of death | _____ |
| | <input type="checkbox"/> living <input type="checkbox"/> deceased | Medical problems or cause of death | _____ |
| | <input type="checkbox"/> living <input type="checkbox"/> deceased | Medical problems or cause of death | _____ |

SPECIAL NEEDS FORM

Program Location _____	Session Code _____
Term <input type="checkbox"/> Summer 2009 <input type="checkbox"/> Fall 2009 <input type="checkbox"/> Spring 2010	(This code can be found in your acceptance email.)

Name: _____ **SSN:** _____ **Age:** _____

Sex: Male Female

Major: _____

Classification: Freshman Sophomore Junior Senior Grad Student Other

I am a/an:

- FSU Student attending classes
- Non-FSU Student attending classes
- FSU intern
- Non-FSU intern
- FSU Teaching Assistant
- FSU staff member

Are you a vegetarian? yes no *(This information is necessary for programs that offer group meals.)*

I do not have special needs of which FSU should be aware and/or that I would like to have accommodated.

I have the following special needs (i.e. physical, religious, medical, learning disability) of which we should be aware and/or that you would like accommodated.

Please include a written explanation below or attach documentation. FSU International Programs reserves the right to request a doctor's certificate to the effect that you are capable of fully participating in the program. Students with disabilities should provide documentation from the FSU Student Disability Resource Center (or for non-FSU students, a similar organization at your university).

You are advised that the FSU International Programs facilities and sites may not be equipped to handle special physical or other requirements as stipulated by the Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973. The Office of Civil Rights, United States Department of Education has opined that ADA and Section 504 do not apply extraterritorially. Accordingly, please understand that our asking you for further information does not imply what, if any, accommodation may be provided to you by FSU International Programs.

Explanation of special needs and accommodations: _____

▶▶ ***This Special Needs Form must be completed and returned along with all Important Forms documents.*** ▶▶

INTERNATIONAL STUDENT IDENTIFICATION CARD APPLICATION

Please type or print application in clear block letters. Provide personal and beneficiary information, **attach photos in envelope provided**, and sign the bottom of the form.

Photo required. It must be small (passport-size or vending machine size) 2" x 2".

Please include two passport-sized photos **with your name printed on the back** of the photographs.

PROGRAM INFORMATION

Program Location _____	Session Code _____
Term <input type="checkbox"/> Summer 2009 <input type="checkbox"/> Fall 2009 <input type="checkbox"/> Spring 2010	(This code can be found in your acceptance email.)

PERSONAL INFORMATION

Name: _____ Social Security #: _____
(Last name), (First name)

Name of Home School: _____ Citizenship _____

Please call me: _____ or email me at _____ to pick up the card.
FSU students will be contacted when their card is ready to be picked up from the IP office.

OR

Please mail ISIC card to this address: _____

BENEFICIARY INFORMATION

Your Card carries insurance. Please provide the name and address of a beneficiary.

Name: _____ Relationship to applicant: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____

Signature

I hereby certify this information is true. I understand any false statements on my part may result in forfeiture of the benefits associated with this Card.

Signature of cardholder: _____ Date: _____

***** For Office Use Only *****

I.S.I.C. Number: _____ Date Issued: _____

Date called for pick-up: _____ Date Mailed: _____
