IMPORTANT FORMS & INFORMATION PACKET

ATTENTION ALL 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:

<table>
<thead>
<tr>
<th>Form</th>
<th>RETURN BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSU International Programs Contractual Agreement (signature required)</td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>Medical Self-Report Form</td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>Special Needs Form</td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>Housing Preference Form</td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>International Student Identification Card Application</td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>T-shirt Order Form</td>
<td>Confirmation Payment Deadline</td>
</tr>
</tbody>
</table>

### IMPORTANT INFORMATION:

<table>
<thead>
<tr>
<th>Information</th>
<th>RETURN BY</th>
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<tbody>
<tr>
<td>Signed Copy of Passport/Visa. If you do not yet have a passport, the International Programs office is an Acceptance Facility for passport applications. Passport hours: 9:30 a.m. – 3:30 p.m. Monday-Friday.</td>
<td>Confirmation Payment Deadline or when you have it/them.</td>
</tr>
<tr>
<td>Two Passport-sized Photos (2&quot; x 2&quot;) Be sure to print your name and program code on the back of each photo. You may purchase passport photos in the International Programs office.</td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>Fee Deferment Request Form If you are deferring any portion of your fees against your expected financial aid, you may complete the appropriate form at the website listed below. Please have the completed form notarized and return it to International Programs along with your other important forms. <a href="http://international.fsu.edu/Students/Prospective/College/Deferment.aspx">http://international.fsu.edu/Students/Prospective/College/Deferment.aspx</a></td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>Health History Form (return directly to FSU University Health Services) If applicable to you, this form is referenced in your acceptance email. Please note: If you are an FSU student who has attended classes on the Tallahassee campus, you have already completed the required Health History Form. The Health History form must be completed by transient students or newly admitted FSU students.</td>
<td>Confirmation Payment Deadline</td>
</tr>
<tr>
<td>Complete travel itinerary emailed to <a href="mailto:ip-info@fsu.edu">ip-info@fsu.edu</a>.</td>
<td>As soon as flight arrangements are made.</td>
</tr>
</tbody>
</table>

You will receive information about registration as your program dates near. Realize that registration for classes 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.

Revised 11/20/2015
SECTION 1: AGREEMENT TO COMPLY WITH FSU RULES

PLEASE FILL IN THE BLANKS, INITIAL EACH SECTION AND SIGN. THANK YOU.

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

Agreement to comply with all rules, regulations, instructions and standards of student behavior; General release; hold harmless; assumption of risk; waiver of liability; Statement of voluntary medical authorization and consent for participation in an International Study Program offered by any or all of the following legal entities: Florida State University, Florida State University International Programs, Florida State University International Programs Association, Inc., Florida State University Board of Trustees, Florida Board of Governors, Florida State University International Programs, UK, Fundacion de la Comunidad Valenciana FSU Programas Internacionales, and the Florida State University Panama Fundacion (hereafter ‘the Program’).

To the extent there are any conflicts, this agreement supersedes and replaces the University’s Student Financial Responsibility Policy. Specifically, the fees charged, timeline to pay and refund policy of International Programs is effective with this agreement. Further, notification to cancel participation or withdraw from the program must be made in accordance with International Programs published requirements.

SECTION 1: AGREEMENT TO COMPLY WITH FSU RULES

________________________ (initial)

I, ______________________________________________, recognize that the nature of the programs being organized, located and taught in a foreign country, and often subject to changing conditions, may require expedited decision making on behalf of the program leader or designee for the benefit of myself, other students and the well-being of the entire program. This relates to all aspects of the program including student conduct expectations and discipline. Given the international nature of the Program, processes and sanctions may be different than on the main campus. As such I do hereby voluntarily consent and agree to the following:

1. To comply with all rules, regulations, instructions, and standards of student conduct and behavior of the following legal entities of The Program: the Florida State University, Florida State University International Programs, Florida State University International Programs Association, Inc., the Florida State University Board of Trustees, the Florida Board of Governors, the Florida State University International Programs, UK, Fundacion de la Comunidad Valenciana FSU Programas Internacionales, and the Florida State University Panama Fundacion (hereafter ‘the Program’). I understand that the legal entities listed above have the authority to enforce appropriate Program rules, regulations, instructions, and standards of conduct and behavior.

2. That my failure to maintain said Program 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 the Program, other students, faculty, University employees, or nationals of the host country may result in my dismissal from the Program. I understand that it is of utmost importance that I conduct myself in accordance with the standards set by the Program and that behaviors inconsistent with those standards, including the publication of inappropriate behaviors or publication of material that embarrasses or disrupts the Program may result in discipline as outlined by the Program in this Agreement and in other regulations and policies of the university.

3. That my failure to attend classes and planned program events, or to receive excused absences from my instructor(s) or the coordinator of the event may result in my dismissal from the Program.

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 Program 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. I understand the termination of my Program participation may result in negative and significant academic consequences.

5. 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.

6. That on all group tours, field trips, cultural events, or other activities arranged by the Program, I agree to accept the expressed will of the majority whenever a matter of choice is presented to the group.

7. That I understand and agree that the Program 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 fees associated with my Program. If I fail to pay such fees by the time indicated on my deferment form (if applicable), I will be dismissed from the Program, unless I have submitted in writing a letter of withdrawal in accordance with International Programs deadlines and processes. 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 lodging rates, travel costs and other Program components 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 or release of fee liability for Program fees already paid or deferred, and any increases in airfare incurred for early or late departure from the Program must be paid by me.

10. That it is my intention to undertake and complete the Program and to depart the host country upon completion of the Program. I understand that failure to do so might jeopardize my visa/legal status in the host country.
SECTION 2: CONSENT, RELEASE, HOLD HARMLESS, ASSUMPTION OF RISK AND WAIVER OF LIABILITY

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

Having actual knowledge and conscious appreciation of the possibility of accident or injury to my person, including serious or mortal injuries; 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 International Study Program and specifically assume the risks arising there from, as well as hereby specifically hold harmless and release and forever discharge the Program legal entities as listed above, and their agents, officers, assistants, faculty, and employees, in both their individual capacities and by reason of their relationship to legal entities, 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 Program, and occurring during my enrollment and participation in the Program or at any time subsequent there to.

FINALLY, I HEREBY declare and represent in making, executing, and rendering this Agreement to Comply with Program rules and host country laws, 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 Program, and their successors and assigns, by reason of any accident, illness, or injury, or damage whatsoever suffered or incurred by me during periods of independent travel on my own or during any absences from Program-sponsored activities.

Participants are reminded that our Program-provided housing is in facilities regulated by the respective country’s law. Although the Program rules and regulations apply on our study program, the law of the land where any misdemeanor or felony occurs takes precedence and the Program cannot supersede these regulations or laws. Should any claims be made against a Program from incidents in another country, 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 3: RESIDENTIAL HOUSING ACCOMMODATION GENERAL TERMS AND CONDITIONS

I, ____________________________________________________________, agree to the terms set forth by the Florida State University International Programs Housing and the Florida State University/International Programs Association, Inc., concerning living in program-sponsored housing. I further agree that the contractual accommodation dates are the program dates advertised as start date (first night in program housing) to departure date (morning of end date). In consideration of my voluntary participation and enrollment in my study abroad program offered by Florida State University International Programs, I voluntarily consent and agree to the Terms & Conditions in the General Pre-Departure Information Materials. These include: Agreement to General Terms and Agreement to General Conditions and Responsibilities of Program Participants concerning Respect for Persons, Respect for Property and Living Space, and Respect for Housing Operations.

I, ____________________________________________________________, hereby declare and represent that in making, executing and rendering this voluntary consent and agreement that I will comply with all the rules, regulations, instructions and standards of behavior within the program sponsored housing.

SECTION 4: MEDICAL AUTHORIZATION AND CONSENT

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, acting by and through the Program, 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 Program 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.

I have clearly indicated on my Medical Self-Report Form any medical treatment, medication, long-term disability, chronic illness and/or psychiatric treatment that I have received or am currently receiving. I recognize I may be asked to provide the treating physician’s written clearance for participation on the Program.

FINALLY, I HEREBY declare and represent in making, executing, and rendering this Agreement to Comply with Program rules and host country laws, Consent and General Release and Waiver of Liability, Residential Housing Accommodation General Terms and Conditions, and Statement of Voluntary Medical Authorization, 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 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_______.

________________________________________________________
Print name of participant/student/occupant

________________________________________________________
Signature of participant/student/occupant           EMPLID (if available)

IF THE PARTICIPANT IS UNDER THE AGE OF EIGHTEEN, PLEASE READ ON

NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE FSU BOARD OF TRUSTEES OR ITS AGENTS (“FSU”) USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM FSU IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FSU HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

IN WITNESS WHEREOF, I have executed this instrument on this_______ day of ______________, 20_______.

________________________________________________________
Print name of parent/legal guardian

________________________________________________________
Signature of Parent/Legal Guardian
**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 study abroad program. International Programs reserves the right to ask students with certain medical conditions to sign an additional waiver of liability and/or obtain a doctor’s certificate indicating you are capable of fully participating in the program. 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. Program Code ____________________________  
   (Found in the brochure or website at [international.fsu.edu](http://international.fsu.edu))  

3. Program Term (please circle)  
   - Summer 2016  
   - Fall 2016  
   - Spring 2017  
   - Summer 2017

**PERSONAL INFORMATION**

5. First Name ____________________________  
6. Last Name ____________________________  
7. M.I. ________  

8. Address  
   - Street Address ____________________________  
   - City ____________________________  
   - State ____________________________  
   - Zip ____________________________  

9. Telephone Number:  
   - (daytime) ____________________________  
   - (evening) ____________________________  

10. Date of Birth ____________________________  
11. EMPLID (if available) ____________________________

**EMERGENCY INFORMATION**

12. Emergency Contact Person (and relationship)  
   - (Name) ____________________________  
   - (Relationship) ____________________________

13. 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.

<table>
<thead>
<tr>
<th>System</th>
<th>No</th>
<th>Yes</th>
<th>Diagnosis / Description of Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental Health</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2. ADHD/ADD</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3. Skin</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4. Eyes</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5. Ears</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6. Nose</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7. Neck/Throat</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8. Mouth/Dental</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9. Lymph nodes</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>10. Chest/lungs/asthma bronchitis</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>11. Heart/BP/vessels</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>12. Anemia/Blood</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>13. Stomach/other gastrointestinal</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>14. Musculoskeletal</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>15. Diabetes/Thyroid/other Endocrine</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>17. Neurological/fainting</td>
<td>☐</td>
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</tbody>
</table>
dizziness/seizures

18. Major injuries □ □ ____________________________

19. 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 currently take 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. If yes, to 8. above, please indicate if the last date of treatment or if the treatment is current. _________________________________

10. □ Yes □ No Have you ever been treated for alcohol or drug abuse or dependency?
Description: ____________________________________________________________________________________________

11. □ Yes □ No Do you have any disabilities?
Description: ____________________________________________________________________________________________

12. □ Yes □ No Have you ever requested & received any accommodations under the Americans with Disabilities Act?
(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 □ living □ deceased Medical problems or cause of death ____________________________

Mother □ living □ deceased Medical problems or cause of death ____________________________

Sibling(s) □ living □ deceased Medical problems or cause of death ____________________________
□ living □ deceased Medical problems or cause of death ____________________________
□ living □ deceased Medical problems or cause of death ____________________________

Print name of participant/student/occupant ____________________________
Signature of participant/student/occupant ____________________________

(For applicants under 18) Signature of Parent/Legal Guardian ____________________________
SPECIAL NEEDS FORM

Program Location __________________________________________

Term □ Summer 2016 □ Fall 2016 □ Spring 2017 □ Summer 2017
Program Code ____________________________________________
(This code can be found in the brochure or on our website at international.fsu.edu)

Name: ____________________________________________ EMPLID (if available): __________________________

Date of Birth: ________________ Age: __________ Sex: □ Male □ Female

Major: __________________________________________________________________________________________

Classification: □ Freshman □ Junior □ Grad Student
□ Sophomore □ Senior □ 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

Do you have any dietary restrictions (for example: allergies, no pork, only chicken, vegetarian, vegan? Please explain below): □ 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. Students with disabilities should provide documentation from the FSU Student Disability Resource Center (or for non-FSU students, a similar organization at your university).

International Programs reserves the right to ask students with certain medical conditions to sign an additional waiver of liability and/or obtain a doctor’s certificate indicating you are capable of fully participating in the program.

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. ►►