ATTENTION ALL INDEPENDENT INTERNSHIP STUDENTS!

The following forms and important information MUST be submitted to International Programs by ALL participants.

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

☐ Full Flight Itinerary sent to: intprog1@admin.fsu.edu

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:

FSU International Programs Legal Document
Thirty days prior to departure.

Medical Self-Report Form
Thirty days prior to departure.

Special Needs Form
Thirty days prior to departure.

Full Flight Itinerary
As soon as travel arrangements are complete.

Signed Copy of Passport/Visa
Thirty days prior to departure.

Fee Deferment Request Form
Thirty days prior to departure.

Please complete these forms and submit all requested information to our office as soon as possible and no later than thirty days prior to your departure.
**INDEPENDENT STUDY/INTERNSHIP LEGAL DOCUMENT**

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
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</tr>
<tr>
<td>Date of Birth</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Session Code</td>
<td>[Blank]</td>
</tr>
<tr>
<td>FSUSN (if available)</td>
<td>[Optional]</td>
</tr>
<tr>
<td>Program Location</td>
<td>[Blank]</td>
</tr>
<tr>
<td>Term(s)</td>
<td>☐ Summer 2014 ☐ Fall 2014 ☐ Spring 2015 ☐ Summer 2015</td>
</tr>
</tbody>
</table>

**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.**

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: The Florida State University, The Florida State University International Programs, The 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’). (PLEASE FILL IN THE BLANKS, INITIAL EACH SECTION AND SIGN. THANK YOU.)

**SECTION 1: AGREEMENT TO COMPLY WITH FSU RULES & HOST COUNTRY LAWS**

_____ (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. 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, The Florida State University International Programs, The 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. 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 other students, faculty, University employees, or nationals of the host country may lead to the initiation of the Florida State University student judicial process, the result of which may be a sanction, up to and including dismissal from the international study program. Failure to attend all classes and planned program events, or to notify and provide documentation to my instructor or the coordinator of the event in the case of absence due to illness may also lead to the initiation of the Florida State University judicial process.

3. That in the event my participation in the Independent Study/Internship 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.

4. 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. 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.

5. That I understand and agree 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.

6. 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) or by the completion of the drop/add process, I will be dismissed from the international study program, unless I have 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 lodging rates, travel costs and other Program components currently in effect and are subject to change.

7. 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.

8. 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 Independent Study/Internship 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,

_____ (initial) 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 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 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 Independent Study/Internship Program, and occurring during my enrollment and participation in the Program or at any time subsequent thereto.

_____ (initial) 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 Independent Study/Internship 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: 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 International Study 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 me being transported to a hospital, in the care of a physician, and traveling 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) 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 Independent Study/Internship Program.

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 Program 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______

Print name of participant/student/occupant __________________________ Signature of participant/student/occupant __________________________ FSUSN __________________________

(For applicants under 18) 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 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. FSUSN ________________________________

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.

<table>
<thead>
<tr>
<th>System</th>
<th>No</th>
<th>Yes</th>
<th>Diagnosis / Description of Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Skin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eyes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Ears</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Nose</td>
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<td></td>
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</tr>
<tr>
<td>5. Neck/Throat</td>
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<tr>
<td>6. Mouth/Dental</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Lymph nodes</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Chest/lungs/asthma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bronchitis</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9. Heart/BP/vessels</td>
<td></td>
<td></td>
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<tr>
<td>10. Anemia/Blood</td>
<td></td>
<td></td>
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<tr>
<td>11. Stomach/other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>gastrointestinal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>13. Diabetes/Thyroid/other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14. Kidney/urinary</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>tract/gynecologic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Neurological/fainting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dizziness/seizures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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?
    (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**

<table>
<thead>
<tr>
<th>Father</th>
<th>☐ living ☐ deceased</th>
<th>Medical problems or cause of death ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>☐ living ☐ deceased</td>
<td>Medical problems or cause of death ____________________________</td>
</tr>
<tr>
<td>Sibling(s)</td>
<td>☐ living ☐ deceased</td>
<td>Medical problems or cause of death ____________________________</td>
</tr>
<tr>
<td>☐ living ☐ deceased</td>
<td>Medical problems or cause of death ____________________________</td>
<td></td>
</tr>
<tr>
<td>☐ living ☐ deceased</td>
<td>Medical problems or cause of death ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

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

Program Location __________________________ Session Code __________________________
Term  ☐ Summer 2014  ☐ Fall 2014  ☐ Spring 2015 (This code can be found in your acceptance email.)

Name: __________________________  FSUSN: __________________________
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►►