

# PROGRAM PREFERENCE FORM

Florida State University's First Year Abroad Program

Please type or print legibly in ink and do not staple or fold. Mail (or fax) this form to: Office of International Programs, A5500 University Center, Florida State University, Tallahassee, FL, 32306-2420. Fax: 850-645-4659 or 850-644-8817.

## PROGRAM INFORMATION

1. Program Session Code \_\_\_\_\_ 2. Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
(leave blank) Beginning Ending

3. Program Locations: \_\_\_\_\_  
Term 1 Term 2 Term 3

## PERSONAL INFORMATION

4. Personal Information — Each entry must be completed. If you are not a citizen of the US, please provide the required information on visa type and permanent resident alien number.

\_\_\_\_\_  
Social Security Number or FSU Student Number Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Last Name First Name Middle Initial Gender:  M  F

\_\_\_\_\_  
Country of Citizenship Non-US Citizens\* ➤ US VISA TYPE PERMANENT RESIDENT ALIEN # EXPIRATION DATE

(\*Non-US citizens and permanent resident aliens may inquire regarding eligibility for the First Year Abroad program.)

5. Permanent Address — PLEASE NOTE THAT OUR MAIN METHOD OF COMMUNICATING WITH YOU WILL BE VIA EMAIL. It is imperative that you provide us with an email address at which you can be reached and that you check regularly. If you use a commercial email provider, please make sure that your filters are set to allow group email from International Programs into your mailbox. **If your email or any of your addresses change from the time that you submit your application, please notify Betty Seymour at [bseymour@fsu.edu](mailto:bseymour@fsu.edu) immediately in writing, and provide the new address.**

\_\_\_\_\_  
Email Address (primary) Email Address (secondary)

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Phone Number (\_\_\_\_)

6. Emergency Information — In case of emergency, please contact:

\_\_\_\_\_  
Name Relation

\_\_\_\_\_  
Street Address City State Zip

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)  
Day Phone Night Phone

(\_\_\_\_) \_\_\_\_\_  
Cell Phone Email

Name

SSN/FSUSN

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## FINANCIAL INFORMATION

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**7. 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 year abroad?

Yes  No

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## COURSE REQUESTS (by term)

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**8. Filling in this section does not automatically register you for these courses.** *This information allows us to approximate textbook orders. Final registration will be conducted via email at a later date.*

List the prefix and number of the courses for which you plan to register, by term (e.g., ENC 1101). You must be enrolled for at least twelve credits per term, the minimum requirement for classification as a full-time student.

**Fall term:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Spring term:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

**Summer term: (courses not yet available)**

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## ACADEMIC INFORMATION

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**9. In order to participate in the First Year Abroad program, one must be formally admitted to Florida State University.** However, for our records, we ask that you supply the following:

\_\_\_\_\_  
Name of Guidance Counselor

\_\_\_\_\_  
Email address/Phone number

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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## AUTHORIZATIONS

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**10. 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

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## FEEDBACK

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**11. Feedback** -- *How did you learn about our program? Select One.*

Friend/family member  FSU International Programs website  FSU International Programs FYA Brochure  Class presentation

FSU Preview  FSU Orientation  Other FSU Event  Other university study abroad office advisor  Faculty member

High School Guidance Counselor  studyabroad.com  goabroad.com  studyinbritain.com  Email from FSU International Programs

Other \_\_\_\_\_

Name

SSN/FSUSN

**POLICIES AND SIGNATURE**

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

- Confirmation Deposit: The confirmation deposit is refundable until the close of business on the deposit's due date. If an applicant has been granted a deferred payment plan for the deposit and has not withdrawn from the program as of the close of business on the deposit due date, the applicant becomes fully liable for the confirmation deposit.
- Program Fee:
  1. Program applicants who have demonstrated their intent to participate in the program by payment or by deferral of the confirmation deposit and who have not withdrawn from the program as of the 1<sup>st</sup> payment due date become fully liable for the program fee as of the close of business on the 1<sup>st</sup> payment due date.
  2. Program applicants who have demonstrated their intent of continued participation in the program by payment or deferral of the confirmation deposit and participation in the first semester of the program, and who have not provided written notice of their intent to withdraw from the program at least **sixty days in advance of the beginning of any subsequent semester** remain fully liable for all remaining program fees.
- Refunds of program fees WILL 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)
- Partial refunds of program fees MAY BE granted in instances of withdrawal prior to the start of the program under the following circumstances:
  1. 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 International Programs' refund committee of its recommendation. International Programs' refund committee will notify the student of the decision.
  2. 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 that caused the need for withdrawal will be considered in evaluating refund requests. In no instance will a request be considered if it is made after the end of the semester for which the refund has been requested.
- Refunds cannot be granted, under any circumstances, in instances of withdrawal after a program has begun.
- Applicants who apply and are accepted after the published due dates remain liable for fees in accordance with the published due dates.

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, 282 Champions Way, P.O. Box 3062420, Tallahassee, FL 32306-2420.

**13. Tuition Policy:** Upon completion of a minimum of 36 FSU credit hours at their European or Panama IP study center with an FSU GPA of 3.0 or better, FYA students will be assessed in-state tuition rates for the remainder of their first undergraduate degree at FSU in Tallahassee. This arrangement is contingent upon the student remaining in good academic and judicial standing throughout their FSU career. Students must attend consecutive semesters without interruption (summer terms excluded), progressing toward their degree completion, and staying "on map".

I have read and understood the Fee Liability and Refund Policy and Tuition Policy 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.

\_\_\_\_\_  
Signature (of applicant) Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (of legal guardian if under 18) Print name

\_\_\_\_\_  
Date