IMPORTANT FORMS

ADMISSIONS CHECKLIST

The following checklist is designed to prepare you for your upcoming study abroad experience. The Important Forms featured in this packet are marked by an asterisk (*). All forms need to be submitted to the FSU International Programs office by the confirmation payment deadline.

1. Read through your Admissions—Next Steps Packet, and make sure you understand all of the material.

2. Submit your Special Needs Form.*

3. Obtain a passport. If you already have a passport, make sure it will be valid for at least six months after you return from the U.S.

4. Submit your Housing Preference Form.*

5. Read through your Site Specific Packet once it has been emailed to you.

6. Submit your T-shirt Order Form.*

7. If required by your program, submit a Visa Packet. You will receive additional information if your program requires a Visa.*

8. Submit a copy of your signed passport and visa.*

9. If you plan to use financial aid to pay any portion of your program fees, complete and submit a Deferment Form.*

10. When prompted, upload your photo onto the ISIC portal in order to receive your International Student Identification Card.

11. Submit your FSU International Programs Contractual Agreement.*

12. E-mail International Programs your travel itinerary after you have booked your flights. Do not book your flights until you have been notified by FSU IP it is okay to do so.

13. Submit your Medical Self-Report Form.*

You can use the following methods to submit forms to the International Programs office:

- E-mail ip-info@fsu.edu
- Postage A5500 282 Champions Way P.O. Box 3062420 Tallahassee, FL 32306
- In Person University Center A Suite 5500 5th floor
- Fax 850-644-8817

The following list is a set of activities that you should be regularly working on in the upcoming months to prepare you for your study abroad experience:

- Regularly check the e-mail address that you have provided to the International Programs for important information and updates regarding your program.
- Maintain satisfactory academic performance and a clean disciplinary record.
- Research the customs and history of the country you are going to be visiting. Become aware of social norms, such as appropriate clothing and behavior.
- If your program will be in a country that does not have English as its primary language, try to learn some important phrases to help you get around.

1 Florida State University requires certain immunizations prior to your registration for classes. Newly admitted FSU students (freshman and transfer students) must complete the Student Immunization Record. All non-FSU students must submit their Student Immunization-Insurance Record. Both forms can be found online at: http://studentinsurance.fsu.edu/immunizations.html
FSU INTERNATIONAL PROGRAMS CONTRACTUAL AGREEMENT

Name: ___________________________ Date of Birth: ____________  EMPLID (if available) ____________

Program Code: ____________ Program Location: ___________________________ Term(s) ____________

☐ Summer 2017  ☐ Fall 2017  ☐ Spring 2018  ☐ Summer 2018

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 conduct and 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.

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

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, the 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 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 in ___________________________ (city/country of program) and for other good and valuable consideration received by me, receipt of which is hereby acknowledged, 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 further 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 3: RESIDENTIAL HOUSING ACCOMMODATION GENERAL TERMS AND CONDITIONS

I, ____________________________________________, agree to the terms set forth by 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, 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 AGREING 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)
3. Program Term (please circle) Summer 2017 Fall 2017 Spring 2018 Summer 2018

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>
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</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>
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<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 dizziness/seizures</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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.)
    Description:__________________________________________________________________________________________________________

**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**

<table>
<thead>
<tr>
<th>Program Location</th>
<th>Program Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________</td>
<td>(This code can be found in the brochure or on our website at international.fsu.edu)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Term</th>
<th>Summer 2017</th>
<th>Fall 2017</th>
<th>Spring 2018</th>
<th>Summer 2018</th>
</tr>
</thead>
</table>

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. ►►
**HOUSING PREFERENCE FORM**

<table>
<thead>
<tr>
<th>Program Location</th>
<th>Program Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Term(s)  
- [ ] Summer 2017  
- [ ] Fall 2017  
- [ ] Spring 2018  
- [ ] Summer 2018  

Name: ___________________________  
EMPLID (if available): ___________________________  
Date of Birth ________________

Age: ______  
- [ ] Male  
- [ ] Female

Major ___________________________

Classification  
- [ ] Freshman  
- [ ] Sophomore  
- [ ] Junior  
- [ ] Senior  
- [ ] Grad Student  
- [ ] Other

I am a/an:  
- [ ] Student attending classes  
- [ ] Intern  
- [ ] Teaching Assistant  
- [ ] 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.

**IT IS IN YOUR BEST INTEREST TO BE FRANK, SPECIFIC, AND THOROUGH.**

Please indicate your preferences below:

1. I am a:  
- [ ] smoker  
- [ ] non-smoker

2. I prefer roommates who:  
- [ ] keep late hours  
- [ ] do not keep late hours

3. I would describe my level of neatness as:  
- [ ] high  
- [ ] moderate  
- [ ] low

4. I prefer living in a flat (or apartment) that is:  
- [ ] single sex  
- [ ] co-ed  
- [ ] no preference

**PLEASE NOTE:** If you choose co-ed or no preference you may be sharing an apartment (not bedroom) with male and female students. Not all programs can accommodate this preference.

5. I specifically request the following roommate(s):  
(All parties must request each other.)

6. I specifically do not want to room with:

7. Please indicate anything else we should know about you to help us place you (including medical concerns, diet, and study habits)._________________________________________________________________________________________

Once made, room assignments cannot be changed. Although we make every effort to honor individual preferences, we cannot guarantee you will receive your choice. The Florida State University does not discriminate on the basis of race, creed, color, sex, religion, national origin, age, disability, genetics, veteran or marital status, sexual orientation, gender identity, gender expression, or any other protected group status.

Your requests will be strongly considered but are not guaranteed.

Please sign to indicate you have read and understood this note: ____________________________________________  
(Signature required)
T-SHIRT ORDER FORM

Your program fee includes one free Florida State International Programs T-shirt.

Program Location __________________________________________

Program Code ____________________________________________

Term(s)  Summer 2017  Fall 2017  Spring 2018  Summer 2018

This code can be found in the brochure or on our website at international.fsu.edu

Name _____________________________________________________

EMPLID (if available) __________________________ Date of Birth __________

Please select a t-shirt size:

- UNISEX:  ☐ S  ☐ M  ☐ L  ☐ XL  ☐ XXL

T-shirts and travel water bottles will be mailed only to addresses outside Tallahassee. If you live in Tallahassee, please stop by our office (University Center, A5500) to pick up your shirt and water bottle.

Mailing address:

_________________________________________________________________

ADDITIONAL T-SHIRTS ARE AVAILABLE AS FOLLOWS:

Donations of $18 receive a free t-shirt ($6 is a tax deductible charitable contribution).

NUMBER OF ADDITIONAL T-SHIRTS ________  SIZE(S) ______________________________________

PLEASE MAKE CHECKS PAYABLE TO FLORIDA STATE UNIVERSITY.

This T-shirt design or a comparable designed T-shirt will be provided to you by the International Programs office.