The Florida State University
International Gateway Program
Registration
Academic Year 2011-2012

Mail completed forms to:
The Admissions Officer, FSU London Centre Campus
99 Great Russell Street, London WC1B 3LH

E-mail completed forms to:
London_GC@admin.fsu.edu

Website:
international.fsu.edu/london
The Florida State University
International Gateway Program
Legal Agreement

Personal Contact Information

Agreement to Comply with Florida State University (FSU) Rules & Host Country Laws

Consent, Release, Hold Harmless, Assumption of Risk and Waiver of Liability

Medical Authorization and Consent

Applicants Under 18: In addition to your own initial/signatures, your parent or legal guardian’s signature is required as his or her authorization, agreement and acceptance to comply with all the statements of this contract.

Personal Information

Legal First Name:___________________________________________________________

Legal Family Name:________________________________________________________

Gender:_________________ Date of Birth (mm/dd/yyyy):_________ / __________ / ________

National Insurance Number:________________________________________________

Medical Insurance Coverage (if non-UK citizen):____________________________________

Policy Number:_________________ Group Number:_________________

Coverage Start (mm/dd/yyyy):____/____/_______ Coverage End (mm/dd/yyyy):____/____/_______

Country of Citizenship:_______________________________________________________

Country of Passport Issue:_____________________________________________________

Passport Number:_____________________________________________________________

Intended Major*: _____________________________________________________________

*If undeclared state Exploratory. This information will be used for the purposes of academic advising and is not a binding commitment on either side.
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 THE INTERNATIONAL GATEWAY PROGRAM OFFERED BY THE FLORIDA STATE UNIVERSITY, THROUGH THE FLORIDA STATE UNIVERSITY INTERNATIONAL PROGRAMS ASSOCIATION, INC. AND THE FLORIDA STATE UNIVERSITY INTERNATIONAL PROGRAMS ASSOCIATION, UK

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

SECTION 1. AGREEMENT TO COMPLY WITH THE FLORIDA STATE UNIVERSITY (FSU) RULES

_____ (initial) I, _______________________________________________________ , recognize that FSU is a United States of America (US) institution, and as such, operates according to US standards for academic and pastoral conduct. FSU is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), as recognized by the US Department of Education (USDOE). I further recognise that the nature of the FSU International Gateway Program being organized, located and taught outside of the US, may require expedited decision making on behalf of the university staff for the benefit of myself, other students, faculty and staff. This relates to all aspects of the FSU International Gateway Program including student conduct expectations and discipline. As such I do hereby voluntarily consent and agree to the following:

1. To comply with all The FSU rules, regulations, instructions, and standards of student conduct and behavior, as enforced by staff of FSU, FSU International Programs, Inc. (FSUIPA, Inc.) and FSU International Programs, UK (FSUIPA, UK).

2. Failure to maintain said University rules, regulations, instructions, and standards of conduct and behavior, or failure to attend my scheduled classes without proof of medical cause, 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 FSU student judicial process, the result of which may be a sanction, up to and including my dismissal from the FSUIGP.

3. During the judicial process, if I am found responsible for a violation of the above referenced University rules, regulations, instructions, and/or standards of conduct and behavior, and am sanctioned with termination of my participation in the FSUIGP, I consent to being expelled from the FSUIPG with no refund of fees.

4. 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.

5. That I understand and agree that I am fully liable for all FSUIGP fees if I have not submitted in writing a letter of withdrawal in accordance with university deadlines. Further, I understand that no consideration for a refund will be made once the program has begun.
SECTION 2. CONSENT, RELEASE, HOLD HARMLESS, ASSUMPTION OF RISK 
AND WAIVER OF LIABILITY

IN CONSIDERATION of my voluntary participation and enrollment in the Florida State University International Gateway Programs (FSUIGP) 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 incidence 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 FSUIGP), do hereby voluntarily consent to my enrollment and participation in the aforementioned educational international study 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 International Programs, UK; 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 International Programs Association, UK, 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 international study program offered by the Florida State University International Programs Association, Inc., and occurring during my enrollment and participation in the FSUIGP 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 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 International Programs Association, UK; 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 International Programs Association, UK; 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 travel on my own, and which are unsupervised or supervised by University officials, agents, or employees, 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, 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 The Florida State University, The Florida State University International Programs Association, Inc., the Florida State University International Programs Association, UK; 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 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

I, ____________________________, having actual knowledge and conscious appreciation of the possibility of accident, illness, or injury to my person as a part of my participation in FSUIGP, do hereby consent and authorize The Florida State University International Programs Association, Inc. and the FSU International Programs Association, UK., 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 my country of residence 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 to my country of residence 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 transportation 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, 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 FSU Rules and host country laws, Consent and General Release, and Waiver of Liability 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 FSU International Gateway 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

________________________________________
Signature of participant/student

Date of Birth (mm/dd/yyyy): _____ / _________ / __________

National Insurance Number: _________________________________

(For applicants under 18) Print name of Parent/Legal Guardian

________________________________________
Signature of Parent/Legal Guardian
The Florida State University
International Gateway Program
Medical Self Report Form

This form will be kept on file in case of emergency, and will only be utilized by members of The FSU staff on a ‘need to know’ basis. The Florida State University 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, The Florida State University reserves the right to share this form with medical professionals providing treatment.

PERSONAL INFORMATION

1. __________________________  2. __________________________  3. __________________________
   (First name)  
   (M.I.)  
   (Last name)

4. __________________________
   (Street address)  
   (City)  
   (County)  
   (Post Code)

5. __________________________
   (Telephone Daytime)  
6. __________________________
   (Telephone Evening)

7. __________________________
   (National Insurance Number)  
8. __________________________
   (Date of Birth)

EMERGENCY INFORMATION

9. __________________________
   (Emergency Contact Person)  
   (Relationship to participant)

10. __________________________
    (Emergency Telephone Daytime)  
11. __________________________
    (Emergency Telephone Evening)
APPLICANT’S MEDICAL HISTORY

1. ____________________________  2. ____________________________
   (Family doctor name)          (Family doctor telephone number)

3. ____________________________
   (Street address)              (City)                     (County)          (Post Code)

Do you have any allergies?  YES    NO

If yes, please specify:

  _____ Aspirin
  _____ Sulfa Drugs (Please list below)
  _____ Penicillin
  _____ Other Drugs
  _____ Insect Stings (Are you receiving allergy medications?)
  _____ Food (which? Are injections required?)

________________________________
________________________________
________________________________
________________________________
________________________________
________________________________
________________________________

(Please use the area above for explanations of allergies in detail)

Do you take regular medication?

________________________________
________________________________
________________________________
________________________________
________________________________
________________________________
________________________________

(Please use the area above to list regular medications taken)
**PERSONAL AND FAMILY HISTORY**

Have you or your family* had any of the following?

Respond with a “Y” if yes or a “N” if no in the space indicated. Answer all questions.

(*Family includes Father, Mother, Brothers, Sisters and Grandparents. Please list as necessary)

<table>
<thead>
<tr>
<th>Condition/System</th>
<th>Yourself</th>
<th>Family</th>
<th>Diagnosis/Description of Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

1. Alcohol/Drug Dependency
2. Allergy, Hay Fever
3. Anemia/Blood Disease
4. Anorexia Nervosa
5. Antibiotics for Dental Work (Due to heart defects)
6. Anxiety
7. Arthritis
8. Asthma
9. Back problems
10. Blood Clot/Phlebitis
11. Bulimia
12. Cancer, cyst, tumor
13. Chicken pox
14. Diabetes
15. Depression
16. Ear, nose and throat trouble
17. Epilepsy, seizures
18. Eye trouble
19. Gallbladder trouble
20. Head injury with unconsciousness
<table>
<thead>
<tr>
<th>Condition/System</th>
<th>Yourself</th>
<th>Family</th>
<th>Diagnosis/Description of Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. Heart Murmur/Disease</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>22. High blood pressure</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>23. Hospitalizations/surgery</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>24. Hypoglycemia</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>25. Kidney disease/infections</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>26. Liver disease, Jaundice</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>27. Malaria (date)</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>28. Migraines</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>29. Mononucleosis (date)</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>30. Obesity</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>31. Peptic ulcer disease</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>32. Pregnancy</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>33. Other psychological problems</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>34. Recurrent Bladder Infections</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>35. Recurrent Diarrhea</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>36. Rheumatic Fever</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>37. Sexually Transmitted Diseases (STDs)</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>38. Skin Diseases (acne, eczema, psoriasis)</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>39. Strep Throat</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>40. Thyroid disease</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>41. TMJ (jaw problems)</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>42. Transfusions (date)</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
### OTHER MEDICAL HISTORY:

<table>
<thead>
<tr>
<th>Condition/ System</th>
<th>Yourself</th>
<th>Family</th>
<th>Diagnosis/ Description of Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>43. Tuberculosis</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>44. Varicose veins</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>45. Other chronic conditions</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

1. Are you allergic to any medications?

Description:

2. Do you have any other food or environmental allergies?

Description:

3. 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. Do you smoke or use tobacco products?

Description:

5. Have you ever been hospitalized?

Description:

6. Have you ever had any surgery?

Description:

7. Have you been treated for any infectious diseases like active TB, pneumonia, kidney infections, Hepatitis, HIV, etc.?

Description:
8. 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 treatment is current. If treatment is not current, list the last date of treatment below.

Date of last treatment (dd/mm/yyyy):

10. Have you ever been treated for alcohol or drug abuse or dependency?

Description:

11. Do you have any disabilities?

Description:

12. Have you ever requested & received any accommodations under the Americans with Disabilities Act?

Description (Briefly describe the nature of your disability and the accommodation provided. Provide detailed information on the Special Needs form.):

**FAMILY HISTORY:**

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Living</th>
<th>Medical problems or cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brother</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sister</td>
<td>☐</td>
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</tr>
<tr>
<td>Brother</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sister</td>
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<td>☐</td>
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<tr>
<td>Brother</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sister</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
IMMUNIZATIONS:
Please complete the following immunization table.

I understand that while incomplete vaccination will not affect my enrollment to the London campus, I will need to have obtained all required immunizations prior to transfer to the FSU Tallahassee campus and that this information must be verified through the submission of a Student Health History Form certified by a qualified physician.

Students born on or after 1/1/57 must provide proof of two MMR (measles, mumps, and rubella) immunizations. The first MMR must have been given on or after 1/1/68 and on or after the first birthday. The second MMR immunization must have been given 28 days or more after the first MMR. Positive titers for measles (Rubeola), German measles (Rubella) and mumps antibodies may be submitted in lieu of proof of two MMR.

<table>
<thead>
<tr>
<th>1st MMR</th>
<th>2nd MMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>month</td>
<td>month</td>
</tr>
<tr>
<td>day</td>
<td>day</td>
</tr>
<tr>
<td>year</td>
<td>year</td>
</tr>
</tbody>
</table>

NO SINGLE MEASLES, MUMPS OR RUBELLA SHOTS WILL BE ACCEPTED; BOTH IMMUNIZATIONS MUST BE COMBINED MMRs.

Proof of the meningococcal and/or Hepatitis B vaccines:

Hepatitis B vaccine:

<table>
<thead>
<tr>
<th>dose 1</th>
<th>dose 2</th>
<th>dose 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>month</td>
<td>month</td>
<td>month</td>
</tr>
<tr>
<td>day</td>
<td>day</td>
<td>day</td>
</tr>
<tr>
<td>year</td>
<td>year</td>
<td>year</td>
</tr>
</tbody>
</table>

Meningococcal vaccine:

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

OR

Waiver of the meningococcal and/or Hepatitis B vaccines:

I recognise the risks of acquiring meningococcal meningitis and Hepatitis B and the benefits of receiving immunizations to reduce those risks. I also understand that I am required to receive these immunizations or actively decline the immunizations. I understand that declining these vaccines now does not mean I may not receive them in the future.

_____ I DECLINE receiving the meningococcal vaccine.

_____ I DECLINE receiving the Hepatitis B vaccine.
RECOMMENDED IMMUNIZATIONS:

Polio (most recent dates): ______ / ______ / ______

month     day      year

TB skin test (PPD): ______ / ______ / ______

month     day      year

Td (most recent booster): ______ / ______ / ______

mm ______ Pos ______ Neg ______

If positive provide documentation of treatment type and dates.

Chicken Pox (varicella): ______ / ______ / ______

Or date of disease month     day      year

Gardasil dose 1: ______ / ______ / ______

month     day      year

Hepatitis A vaccine:

dose 1 ______ / ______ / ______

month     day      year

dose 2 ______ / ______ / ______

month     day      year

dose 3 ______ / ______ / ______

month     day      year

dose 4 ______ / ______ / ______

month     day      year

SIGNATURE REQUIRED OF ALL STUDENTS.

I HAVE READ AND UNDERSTAND THE IMMUNIZATION REQUIREMENTS ON THIS FORM. This form has been truthfully completed to the best of my knowledge.

STUDENT SIGNATURE: _____________________________________________

Today’s Date: _____________________________________________

REQUIRED AUTHORIZATION FOR CARE OF STUDENTS UNDER AGE 18:

I CONCUR WITH THE ABOVE AND AUTHORIZE, AT THE DISCRETION OF HEALTH CENTER PERSONNEL, MEDICAL AND SURGICAL CARE INCLUDING EXAMINATIONS, TREATMENTS, IMMUNIZATIONS AND THE LIKE FOR MY SON/DAUGHTER.

In the event of serious disease or injury or the need for major surgery, I understand that all reasonable effort will be made to contact me but that failure to make contact will not prevent emergency treatment if necessary to help preserve life or health.
The Florida State University
International Gateway Program
Special Needs Form

Name: ___________________________________ DOB: ____ / ____ / ______

National Insurance Number: _________________________________________

Age: ____________  Sex:  □ Male    □ Female

Major: ______________________________________

Do you have any dietary restrictions (for example: allergies, no pork, only chicken, vegetarian, vegan? Please explain below:  □ Yes     □ No

□ I do not have special needs of which The 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.

The Florida State University reserves the right to request a doctor’s certificate to the effect that you are capable of fully participating in the Gateway 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 The FSU International Programs.

Explanation of special needs and accommodations:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
The Florida State University
International Gateway Program
Housing Preference Form

Name: ___________________________ DOB: ___ / ___ / ________

National Insurance Number: ________________________________

Age: ___________ Sex: ☐ Male ☐ Female

Major: ____________________________

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.

Please indicate your preferences below:
IT IS IN YOUR BEST INTEREST TO BE FRANK, SPECIFIC, AND THOROUGH.

1. I am a: ☐ smoker* ☐ non-smoker ☐ light sleeper ☐ heavy sleeper
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
5. I specifically request the following roommate(s)**:

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).

8. Note: Your requests will be strongly considered but are not guaranteed.

Please sign to indicate you have read and understood this note: ____________________________  (Signature required)

*All FSU facilities are non-smoking.
** All parties must request each other. 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, veterans’ or marital status, sexual orientation, gender identity, gender expression, or any other protected group status.
The Florida State University
International Gateway Program
International Student Identification Card (ISIC) Application

Please type or print application in clear block letters. Include two (2) passport-sized photos with your name printed on the back of the photographs. Photos must be small (passport-size or vending machine size 2”x 2”). Place photos in envelope provided. Be sure to complete the program information, personal information and beneficiary information before you sign as cardholder at the bottom of the form.

PERSONAL INFORMATION:

Name: _______________________________ DOB: _____ / _____ / ________

National Insurance Number: ________________________________

Age: ______________ Sex: □ Male □ Female

Major: ________________________________

Citizenship: ________________________________

BENEFICIARY INFORMATION:

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

First Name: __________________________ Last Name: ______________________ M.I.: ______

Address: ____________________________________________

Telephone Number: ________________________________ Daytime ________________________________ Evening ______________

Relationship to applicant: ________________________________

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: ________________________________ Date: ____________________
The Florida State University
International Gateway Program
Payments Form (Registration)

PERSONAL INFORMATION: Please complete the information requested below.

Print Your Legal First Name: ______________________________________________________

Print Your Legal Family Name: ____________________________________________________

Gender: ☐ Male ☐ Female

Date of Birth: _____ / _____ / _______

National Insurance Number: ______________________________________________________

HOLDING DEPOSIT: £1,000

Tick by which method you are paying your holding deposit:

☐ Cheque ☐ Bank Transfer ☐ Credit Card

Please make cheques payable to:

The Florida State University International Programs Association, UK (FSU IPA, UK)

Or bank transfers should be made to:

NatWest
P.O. Box 221
Connaught House
65 Aldwych, London, WC2B 4EJ
Sort Code: 560013
Account Name: FSU IPA UK Program Fund
Account Number: 25004266
BIC: NWBKGB2L
IBAN: GB41NWBK56001323004266

Or to pay by credit card, please provide the card details below or telephone our Payment Management Company, Acorn of London at 0207 636 8325 (press 2 for Accounts), Monday through Friday 9.30am through 5.30pm.

Name on Card: ________________________________________________________________

Card Number: ________________________________________________________________

Type of Card: ___________________________ Expiration Date: _____ / _____ Security Code: ________________

(Amex not accepted) (On back of Card)

SIGNATURE AND DATE: I understand that should I decide to take up my place the Florida State University International Gateway Program, my £1,000 holding deposit will be applied to my university fees. I also understand that should I decide not to take up my place, my deposit, minus a £500 administrative fee, will be returned to me by September 15, 2011. Please complete this form with your dated signature.

Legal Signature: ___________________________ Date: _____________________________
The Florida State University
International Programs (Gateway) London
Sample Curriculum Fall 2011*

CORE CURRICULUM:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Core Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPC2608</td>
<td>Public Speaking</td>
<td>3</td>
</tr>
<tr>
<td>ANT2100</td>
<td>Archaeology</td>
<td>3</td>
</tr>
<tr>
<td>ANT2100L</td>
<td>Archaeology Lab</td>
<td>1</td>
</tr>
<tr>
<td>THE3061</td>
<td>Introduction to London Theater</td>
<td>3</td>
</tr>
<tr>
<td>MGF1106</td>
<td>Math for Liberal Arts</td>
<td>3</td>
</tr>
<tr>
<td>SLS1122</td>
<td>Academic Success</td>
<td>1</td>
</tr>
</tbody>
</table>

ELECTIVE CURRICULUM:

Upon application to the Director of the London Campus, students may opt to replace one of the Core Curriculum courses with another chosen from the list below.

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Elective Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECO2013</td>
<td>Principles of Macroeconomics (online)</td>
<td>3</td>
</tr>
<tr>
<td>ECO2023</td>
<td>Principles of Macroeconomics (online)</td>
<td>3</td>
</tr>
<tr>
<td>ENC1101</td>
<td>Freshman Composition and Rhetoric</td>
<td>3</td>
</tr>
<tr>
<td>ENG3931</td>
<td>The Bloomsbury Group*</td>
<td>3</td>
</tr>
<tr>
<td>ENL3334</td>
<td>Introduction to Shakespeare</td>
<td>3</td>
</tr>
<tr>
<td>EUH3206</td>
<td>20th Century Europe</td>
<td>3</td>
</tr>
<tr>
<td>EUH3501</td>
<td>The Making of Modern England</td>
<td>3</td>
</tr>
<tr>
<td>EUH3530</td>
<td>England the Empire and The Commonwealth</td>
<td>3</td>
</tr>
<tr>
<td>HIS4930</td>
<td>The Modern Olympic Games</td>
<td>3</td>
</tr>
<tr>
<td>REL1300</td>
<td>Introduction to World Religions</td>
<td>3</td>
</tr>
</tbody>
</table>

*Core and elective curriculum for Fall 2012 to be confirmed.
The Florida State University
International Gateway Program
Registration Checklist

<table>
<thead>
<tr>
<th>Checklist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>q Legal Agreement</td>
</tr>
<tr>
<td>q Medical Self Report Form</td>
</tr>
<tr>
<td>q Special Needs Form</td>
</tr>
<tr>
<td>q Housing Preference Form</td>
</tr>
<tr>
<td>q ISIC Form</td>
</tr>
<tr>
<td>q 2 recent passport-sized photos (2”x2”) Print your name on the back of each photo and return in an enclosed photo envelope.</td>
</tr>
<tr>
<td>q Signed photocopy of your passport identification page</td>
</tr>
<tr>
<td>q Payments Form (Registration)</td>
</tr>
<tr>
<td>q Cheque or receipt or bank transfer deposit</td>
</tr>
<tr>
<td>q Registration Checklist</td>
</tr>
</tbody>
</table>