STATE OF TENNESSEE
GOVERNOR’S SCHOOL FOR SCIENTIFIC MODELS AND DATA ANALYSIS

Mandatory Forms that must be completed in their entirety for student Admission into the Governor’s School Program

2016
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PLEASE COMPLETE ALL FORMS AND RETURN TO ANGELA HAGA ON OR BEFORE MARCH 11th, 2016

Please be sure to include a copy of your child’s Health Insurance Card (*must be legible*), parent/legal guardian phone #’s (*cell, home, and work*), and all parental email addresses.
Appendix A
GOVERNOR’S SCHOOL FOR SCIENTIFIC MODELS AND DATA ANALYSIS
PERSONAL BACKGROUND DATA FORM

Full Name: ________________________________

Address: ________________________________

______________________________

Email: ________________________________

Gender: female☐ male ☐

Grade: 10 ☐ 11 ☐

Date of Birth: ______________________________

SSN: ________________________________

Cell Phone: ______________________________

Preferred name: ______________________________

T-shirt Size (circle): ☐ S ☐ M ☐ L ☐ XL ☐ 2X ☐ 3X ☐

United States Citizen (circle): Yes ☐ No ☐

If not a U.S. citizen, complete the following:

Country of citizenship: ______________________________

Permanent Resident (circle): Yes ☐ No ☐

Permanent Resident Number: A____________

Date Issued: _____/____/____

Date of entry to the U.S.: _____/____/____

Visa Type: ______________________________

Date Issued: _____/____/____

Expiration Date: _____/____/____

Parents or Guardians Names: ______________________________

Parents or Guardians Phone Numbers: ______________________________

Please note any handicap, allergy or dietary restriction (for example, vegetarian) for which we should plan in advance.

Please explain any dietary restrictions or necessary accommodations in detail.

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________
Appendix B
GOVERNOR’S SCHOOL FOR SCIENTIFIC MODELS AND DATA ANALYSIS

Family Invitation Form for Opening and Closing Ceremonies

You are invited to participate in the opening and closing ceremonies of the Governor’s School for Scientific Models and Data Analysis. Please supply the information requested below and return this form (and a check if necessary) with your other forms. Students’ meals will be provided by the Governor’s School. For any other guests that want to attend the opening and closing luncheon, the cost per guest will be $10.00 for the opening and $22.50 for the closing luncheon.

Student’s Name:___________________________________________________________

We are planning to attend the opening ceremony on Sunday, May 22nd, 2016:

Total number (excluding student) in our party: __________

\[ \times \$10.00 \]

Amount owed for opening luncheon: = $______

We are planning to attend the closing ceremony/awards on Friday, June 24th, 2016:

Total number (excluding student) in our party: __________

Governor’s School Closing ceremonies will take place at the Centre at Millennium Park in Johnson City, TN in Ballroom 237-C (Students: appropriate clothing- dress clothes- ex: Church)

\[ \times \$22.50 \]

Amount owed for closing luncheon: = $______

Total amount owed for both luncheons: $_________

Checks should be made payable to: ETSU / Governor’s School for Scientific Models and Data Analysis

*A single check for both banquets will be fine.
Appendix C
Governor’s School for Scientific Models and Data Analysis

Code of Conduct and Certification Agreement

While participating in the Governor’s School for Scientific Models and Data Analysis, whether on campus or off campus, I will at all times conduct myself in accordance with guidelines and regulations as set forth in the Governor’s School Student Handbook.

I understand though that because I am an ETSU student, I will be subject to all of the Institutional Student Disciplinary Rules as set forth in the ETSU Student Handbook. The ETSU Student Handbook reads (in part): Plagiarism, cheating, and other forms of academic dishonesty are prohibited. Students guilty of academic misconduct, either directly or indirectly through participation or assistance, are immediately responsible to the instructor of the class. In addition to other possible disciplinary sanctions which may be imposed through the regular institutional procedures as a result of academic misconduct, the instructor has the authority to assign an “F” or zero for the exercise or examination, or to assign an “F” in the course. (Page 18 of the ETSU Handbook, section 0240-3-2-.03 paragraph 2)

I will, at all times represent the Governor’s School, the Center of Excellence in Mathematics and Science Education, East Tennessee State University, and the State of Tennessee with dignity.

We have read and understand the Operating Policies of this Governor’s School and agree to abide by these policies.

________________________________________
Student’s name (Please Print)

________________________________________
Student’s signature

________________________________________
Date

________________________________________
Parent’s signature

________________________________________
Date
Appendix D
Governor’s School for Scientific Models and Data Analysis

Release Form for Student to Attend Church Services

In the event that your child or ward will be attending church on Sunday’s, please supply all the necessary information: name of all church, dates of all attendance, and names of all individuals who will be responsible for transporting the student to and from campus and church services.

The student must be back to the dorm in time for any scheduled activities.

**Student’s Name**

Name of Church

Address of Church

Telephone No. of Church

Contact Person at Church

Individual who will transport student to and from church

Date(s) of Church Service

Time leaving the dorm

Time returning to the dorm

**Signatures:**

_____________________________                         ______________________________
Student’s signature                                      Date

_____________________________                         ______________________________
Student’s Parent or Guardian signature                    Date
# Appendix E

## Governor's School for Scientific Models and Data Analysis

### Medical Release Form for Medication

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage/Time(s)</th>
<th>am/pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please indicate any allergies, or other medical information to assist us in caring for your student such as allergic to bee stings, asthma, heart murmur, etc. Please list any prescription medication being taken (be sure to bring an adequate supply of any medication):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Have you ever been treated for any of the following:

- [ ] Heart Disease
- [ ] Seizures
- [ ] Asthma
- [ ] Allergies
- [ ] Diabetes
- [ ] Emphysema
- [ ] High Blood Pressure

Please list any drug allergies:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Parent’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Home Phone

__________________________________________________________________________

Name of Insurance Co.

__________________________________________________________________________

Address of Insurance Co.

__________________________________________________________________________

Insurance Group/Policy #
Appendix F

Governor’s School for Scientific Models and Data Analysis
East Tennessee State University
May 22 – June 24, 2016

MEDICAL RELEASE FORM

To Whom it May Concern:

I, _______________________________________________ will be a student with the Tennessee Governor’s Schools for Scientific Models and Data Analysis at East Tennessee State University, Johnson City, on May 22 – June 24, 2016. I realize that an accident or injury might occur to this student while traveling with or participating in the activities of this school. I also realize that such an injury could require diagnosis, emergency medical and/or surgical treatment. I understand that should a health emergency arise I will be notified, but if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby voluntarily consent to such diagnostic procedures; hospital care; and medical, surgical, or X-ray treatment as may be requested by competent medical personnel, except as noted below. Other than medical emergency, I authorize the University to examine and treat this student in the same way the University students are treated, with notification of parents being dependent on the judgment of the physician. I authorize the use of such medications and release of such information as may be specified on the medical information form.

List any restrictions or limitations to this release here: (If NONE, please write "NONE").

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Signature of Student: ________________________________________________________________

Social Security Number: ______________________________________________________________

Signature of Parent or Guardian: ______________________________________________________

Relationship: _______________________________________________________________________

Date: ____________________________________________________________________________
Appendix G

Meningococcal Meningitis and Hepatitis B Immunization Health History Form

Important! For students under 18: A parent or guardian must complete this form and submit to Student Health Services before you will be permitted to register.

ETSU STUDENT/UNIVERSITY HEALTH SERVICES
Hepatitis B and Meningococcal Meningitis
Immunization Health History Form
Please Print Legibly in Ink

If under 18, please submit to:
Student/University Health Services
PO Box 70075
Johnson City TN 37614
FAX: 423-439-4560
PHONE: 423-439-4225

Name: ____________________________
Last: ____________________________
First: ____________________________
Middle: ____________________________
ETSU ID #: ____________________________
Phone: (_______)

Date of Birth: ____________________________
Month/Day/Year

The General Assembly of the State of Tennessee mandates that each public or private postsecondary institution in the state provide information concerning Hepatitis B infection to all students entering the institution for the first time. Those students who will be living in on-campus housing for the first time must also be informed about the risk of Meningococcal Meningitis infection. Tennessee law requires that such students complete and sign a waiver form provided by the institution that includes detailed information about the diseases. The required information below includes the risk factors and dangers of each disease as well as information on the availability and effectiveness of the respective vaccines for persons who are at-risk for the diseases. The information concerning these diseases is from the Centers for Disease Control and the American College Health Association.

The law does not require that students receive vaccinations for the Hepatitis B or Meningococcal Meningitis for enrollment at this time. However, you must complete this information. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV)

[TO BE COMPLETED BY ALL NEW STUDENTS]

Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. The disease is transmitted by blood and or body fluids and many people will have no symptoms when they develop the disease. The primary risk factors for Hepatitis B are sexual activity and injecting drug use. This disease is completely preventable. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to confer lifelong immunity in most cases. The Hepatitis B vaccine is available at the Student Health Clinic.

I hereby certify that I have read this information and I have received the complete three doses or plan to receive the series of the Hepatitis B vaccine.

I hereby certify that I have read this information and I have elected not to receive the Hepatitis B vaccine.

Signature of Student or (Parent/Guardian if Student is Under 18): ____________________________
Date: ____________________________

B. Meningococcal Meningitis

Effective July 1, 2013 all new incoming students living in on-campus housing must provide medical documentation of having received a Meningococcal vaccine within the past 5 years. Meningococcal disease is a rare but potentially fatal bacterial infection, expressed as either meningitis (infection of the membranes surrounding the brain and spinal cord) or meningococemia (bacteria in the blood). Meningococcal disease strikes about 3,000 Americans each year and is responsible for about 300 deaths annually. The disease is spread by airborne transmission, primarily by coughing. The disease can onset very quickly and without warning. Rapid intervention and treatment is required to avoid serious illness and or death. There are 5 different subtypes (called serogroups) of the bacterium that causes Meningococcal Meningitis. The current vaccine does not stimulate protective antibodies to Serogroups B, but it does protect against the most common strains of the disease, including serogroups A, C, Y and W-135. The duration of protection is approximately three to five years. The vaccine is very safe and adverse reactions are mild and infrequent, consisting primarily of redness and pain at the site of injection lasting up to two days. The Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that college freshmen (particularly those who live in dormitories or residence halls) be informed about meningococcal disease and the benefits of vaccination and those students who wish to reduce their risk for meningococcal disease be immunized. Other undergraduate students who wish to reduce their risk for meningococcal disease may also choose to be vaccinated. The Meningococcal Meningitis vaccine is available at the Student Health Clinic.

I hereby certify that I have read the information and I have received or plan to receive the vaccine for Meningococcal Meningitis.

I hereby certify that I have read this information and I have elected not to receive the vaccine for Meningococcal Meningitis.

Signature of Student or (Parent/Guardian if Student is Under 18): ____________________________
Date: ____________________________

For more information about Meningococcal Meningitis and Hepatitis B disease and vaccine, please contact your local health care provider or consult the Center for Disease Control and Prevention Web site at www.cdc.gov/health/default.htm.
Appendix H
Student Health Services “Permission for Dependents”

I, _______________________________________ certify that I am a legal parent or legal guardian of student _______________________ enrolled in the Governor’s School for Scientific Models and Data Analysis and do hereby give permission to ETSU Student Health Clinic to examine and treat my dependent child or ward. I understand that this examination and treatment is performed by the certified Nurse Practitioners of the ETSU Student Health Clinic and, on occasion, may be provided by the precepting physician of the ETSU Student Health Clinic.

In addition, my signature below verifies that I understand that all treatment performed at ETSU Student Health Clinic is strictly confidential between the student and the health care professional.

Although there is no charge for the clinic visit, itself, there may be additional charges for any tests, procedures or treatment that the ETSU Student Health Clinic determines necessary. All charges are due at the time services are rendered and all fees and insurance claims are the responsibility of the student. The clinic cannot file for you but will accept the BUCS/ID card as well as personal checks, cash, Visa and MasterCard.

_________________________________________________  ____________________
Parent’s or Guardian’s Signature                      Date

_________________________________________________  ____________________
Parent’s or Guardian’s Signature                      Date

_________________________________________________  ____________________
Witness’ Signature                                    Date

Please mail (email) form to:

Ms. Angela Haga, Assistant Director
Governor’s School for Scientific Models and Data Analysis
East Tennessee State University
Box 70301        Johnson City, TN 37614
Phone: 423-439-7592   Fax: 423-439-7530    Email: haga@etsu.edu

Student Health Services Clinic
P.O. Box 70675
Johnson City, TN 37614
Phone (423) 439-4225
Fax (423) 439-4560
Appendix I  
ETSU Undergraduate Application

UNDERGRADUATE APPLICATION

PRINT OR TYPE BOTH SIDES OF APPLICATION

Social Security Number

Current Date

Expected Date of Entrance: Year Semester: ☐ Fall ☐ Spring ☐ Summer

CLASSIFICATION (Check only one)

First-time Freshman
☐ No Prior College
☐ College Prior to High School Graduation

Transfer Student
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior

Special Student
☐ Visiting Student
☐ 2nd Undergraduate Degree
☐ Undergraduate Special
☐ Dual Enrollment

ENROLLMENT PLAN
☐ Full Time
☐ Part Time

PROCEDURE
1. Enclose $25.00 non-refundable application fee (beginning Spring 2012)
2. Freshman applicants under 21 years of age are required to submit ACT or SAT scores.
3. Freshman applicants must submit high school transcript.
4. Transfer applicants must submit both high school transcript and transcripts from each college attended.
5. Visiting students must submit a letter of good standing from their current school.

OFFICE USE ONLY

UPDATE TIME:

TP OPERATOR:

RESIDENCY:

REQ NAME RULE:

ADM ACTION:

DATE:

PERSONAL DATA

Name

Last First Middle Maiden Former

Legal Permanent Address

Street (including apartment or lot number)

City State

Zip Code

County Area Code

Telephone

Mailing Address (if different)

P. O. Box or Street (including apartment or lot number)

City State Zip

Daytime Telephone #

(Work # if Applicable)

For the past 12 months have you continuously resided in Tennessee? ☐ Yes ☐ No

Personal e-mail address (optional): ____________

Religious Preference:

(Optional. This information will be made available to the Campus Ministry Association.)

Date of Birth: ____________ Gender: ☐ Male ☐ Female

Ethnic Origin: (check one) ☐ Hispanic ☐ Non-Hispanic

Race: (select one or more) ☐ Alaskan-Native ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Hawaiian/Pacific Islander

U.S. Citizen: ☐ Yes ☐ No If no, country of citizenship and visa type

Nearest relative's full name: Mr. ☐ Ms. ☐

Relationship: ☐ Father ☐ Mother ☐ Spouse ☐ Guardian ☐ Other

Relative's Address

P.O. Box or Street (including apartment or lot number)

City State Zip Code

Relative's Area Code/Telephone

Intended College Major or Pre-Professional Curricula

(See listing of majors and colleges/schools on Page 4 of this application.)

Concentration (if applicable)

(See Undergraduate Catalog)

If you are planning to complete pre-professional studies you should indicate the program from page 4 of this application. Pre-professional studies is a curriculum not a major.
# Tennessee Governor’s School for Scientific Models & Data Analysis

## High School Information

<table>
<thead>
<tr>
<th>High School</th>
<th>Dates Attended: From</th>
<th>To</th>
</tr>
</thead>
</table>

**City** | **State** | **Zip Code**

**Graduation Year**

- If you are not a high school graduate, have you completed the GED? [ ] Yes [ ] No
- Year GED Received: __________

**Have you ever attended any college or university?** [ ] Yes [ ] No

If yes, you must complete the College Transfer Information section below.

## College Transfer Information

An official transcript is one which is validated, issued, and mailed directly by the registrar in a sealed institutional envelope.

List colleges beginning with most recent. If you have attended more than three colleges, the same information must be provided as an attachment.

1. **Name of College**
   - **Dates Attended:** From ___/___/___ To ___/___/___
   - **City** | **State** | **Are You Currently Enrolled?** [ ] Yes [ ] No
   - **Are You Eligible For Readmission?** [ ] Yes [ ] No

2. **Name of College**
   - **Dates Attended:** From ___/___/___ To ___/___/___
   - **City** | **State** | **Are You Currently Enrolled?** [ ] Yes [ ] No
   - **Are You Eligible For Readmission?** [ ] Yes [ ] No

3. **Name of College**
   - **Dates Attended:** From ___/___/___ To ___/___/___
   - **City** | **State** | **Are You Currently Enrolled?** [ ] Yes [ ] No
   - **Are You Eligible For Readmission?** [ ] Yes [ ] No

**Have you ever been dismissed, placed on social probation, or denied readmission to any college?** [ ] Yes [ ] No

If yes, explain:

## Degree Information

- **Have you earned a college degree?** [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Degree</th>
<th>Major</th>
<th>College</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Degree** | **Major** | **College** | **City** | **State**

## Vital Information

**Do you have any felony charges pending against you?** [ ] Yes [ ] No

**Have you ever attended ETSU?** [ ] Yes [ ] No

If yes, give semester of first enrollment.

**Military Veteran?** [ ] Yes [ ] No

(Note to determine possible service credit, veterans are required to submit form DD-214 Service Separation, to the Office of Admissions)

## Selective Service Registration

1. The State of Tennessee requires eligible male applicants to be registered with the Selective Service prior to enrolling in state colleges and universities. I am registered with Selective Service [ ] Yes [ ] No

2. I am not required to register with Selective Service because [ ] I am female [ ] I am currently in Armed Services [ ] I am not yet 18 yrs. of age [ ] I am a legal alien [ ] I was born before 1986

**Signature: ___________________________**

**Date: ___________**
# HIGH SCHOOL TRANSCRIPT FORM

TO BE COMPLETED BY COUNSELOR

In order to process an application, we must have the following:
1. An Official High School Transcript
2. A Completed High School Transcript Form (this form)
3. ACT and/or SAT Scores
4. Please Note: The Transcript Supplement section of this form must be completed for all seniors.

## STUDENT AND HIGH SCHOOL INFORMATION

Social Security Number ________________________________

Name, in full ______________________________________  Birth Date ________________  Sex ________

High School ________________________________

School Accredited by ________________________________  ________________________________

Was graduated: ________________________________  ________________________________

Will be graduated: ________________________________  ________________________________

Withdrawn: ________________________________  ________________________________

DATE

School grading scale, highest to lowest:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Numeric Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
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<tr>
<td>C</td>
<td></td>
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<tr>
<td>D</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Other secondary schools attended: ____________________________________________

High School GPA (4.0 Scale) _________  Rank in Class/Total Class Enrollment __________ / __________

Tennessee Residents - Gateway Tests Passed?  English II [ ]  Algebra I [ ]  Biology [ ]

(One test date per ACT/SAT - Do not combine test scores from different dates.)

### ACT Test Date:

Month / Year

<table>
<thead>
<tr>
<th>TEST SCORES</th>
<th>ACT STANDARD SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ENGLISH</td>
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<tr>
<td></td>
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### SAT Test Date:

Month / Year

<table>
<thead>
<tr>
<th>TEST SCORES</th>
<th>SAT STANDARD SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>READING</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## TRANSCRIPT SUPPLEMENT (High School Seniors Only)

Courses in progress or to be completed during senior year.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Unit Credit</th>
<th>Course Name</th>
<th>Unit Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
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<td></td>
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<td>C</td>
<td>G</td>
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<td></td>
</tr>
<tr>
<td>D</td>
<td>H</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will student complete courses at another college or university as a dual enrollment student?  No _____  Yes _____

Name of college ____________________________________________

Please give any additional information you consider pertinent to an evaluation of this applicant on the back of this form.

## SIGNATURE OF SCHOOL OFFICIAL

__________________________  ____________________________  ________________

Name  Title  Date

East Tennessee State University is a Tennessee Board of Regents institution and is fully in accord with the belief that educational and employment opportunities should be available to all eligible persons without regard to age, gender, color, race, religion, national origin, handicap, veteran status, or sexual orientation.
### UNDERGRADUATE MAJORS, COLLEGES AND SCHOOLS

<table>
<thead>
<tr>
<th>College of Arts and Sciences</th>
<th>College of Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTH Anthropology</td>
<td>Some Education Majors Initially Listed as Pre-Education (PRED)</td>
</tr>
<tr>
<td>ARIA Art</td>
<td>PRED Early Childhood Development</td>
</tr>
<tr>
<td>BIOL Biology</td>
<td>PRED Interdisciplinary Studies (Elementary Education)</td>
</tr>
<tr>
<td>*PBLU Bluegrass, Old Time &amp; Country Music (All bluegrass majors begin in Pre-Bluegrass)</td>
<td>PEDU Physical Education</td>
</tr>
<tr>
<td>CHEM Chemistry</td>
<td>PRED Special Education</td>
</tr>
<tr>
<td>CJCR Criminal Justice and Criminology</td>
<td>HSER Human Services</td>
</tr>
<tr>
<td>ENGL English</td>
<td>SALM Sport and Leisure Management</td>
</tr>
<tr>
<td>GLGY Geology</td>
<td>EVHE Environmental Health (Environmental Health Practices, Occupational Health and Safety)</td>
</tr>
<tr>
<td>LANG Foreign Languages (French, German, Spanish)</td>
<td>HESC Health Sciences (Human Health, Microbiology)</td>
</tr>
<tr>
<td>HIST History</td>
<td>PHBS Public Health (Community Health, Health Care Administration)</td>
</tr>
<tr>
<td>ITAF International Affairs</td>
<td></td>
</tr>
<tr>
<td>MCOM Mass Communications</td>
<td></td>
</tr>
<tr>
<td>MATH Mathematics</td>
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<tr>
<td>MUSC Music</td>
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<tr>
<td>PHIL Philosophy</td>
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<td>PHYS Physics</td>
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<td>PSCI Political Science</td>
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<td>PSYC Psychology</td>
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<td>SOWK Social Work</td>
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<td>SOCA Sociology</td>
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<tr>
<td>SPCH Speech</td>
<td></td>
</tr>
<tr>
<td>THEA Theatre</td>
<td></td>
</tr>
<tr>
<td>WMST Women’s Studies</td>
<td></td>
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</tbody>
</table>

### College of Business and Technology

**Business Majors:**

*All B.B.A. (Bachelor of Business Administration) majors initially listed as Pre-Business*

<table>
<thead>
<tr>
<th>PBUS Accounting</th>
<th>ECOA Economics-Bachelor of Arts Degree</th>
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<tbody>
<tr>
<td>PBUS Economics</td>
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<tr>
<td>PBUS Finance</td>
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<tr>
<td>PBUS Management</td>
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<tr>
<td>PBUS Marketing</td>
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<tr>
<td>PBUS Pre-Business (Undecided, Business)</td>
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</table>

### Technology Majors:

<table>
<thead>
<tr>
<th>CISC Computing</th>
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<tbody>
<tr>
<td>DIGM Digital Media</td>
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<tr>
<td>ENTC Engineering Technology</td>
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<tr>
<td>INTD Interior Design</td>
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<tr>
<td>GEGO Geography</td>
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<tr>
<td>SUVM Surveying and Mapping Science</td>
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### School of Continuing Studies and Academic Outreach

<table>
<thead>
<tr>
<th>BASD Applied Science</th>
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<tbody>
<tr>
<td>BGSd General Studies</td>
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<tr>
<td>BSSL Interdisciplinary Studies (Regents Online Degree Program)</td>
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<tr>
<td>BPSS Professional Studies (Regents Online Degree Program)</td>
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### Abbreviation Major

<table>
<thead>
<tr>
<th>Major</th>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>Dental Hygiene (Please specify on-campus or online)</td>
<td>BSDH</td>
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<tr>
<td>Nave Center, Elizabethbon, TN</td>
<td></td>
</tr>
<tr>
<td>Allied Health (Cardiopulmonary Science, Allied Health Leadership, Radiography, Nutrition and Foods)</td>
<td>BSAH</td>
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</tbody>
</table>

### College of Nursing

**All Nursing Majors Initially Listed as Pre-Nursing**

| PSBN Pre-Baccalaureate Degree Nursing |                        |

### Major Undecided

| UDEC Undeclared Undergraduate |                                    |
| USDC Undergraduate Special   |                                    |

### Pre-Professional

(This designation does not indicate an undergraduate major. Actual majors will vary.)

(Undergraduate majors can be declared early, but must be selected prior to earning 60 hours.) Please visit the website [www.etsu.edu/cas/mpa/default.aspx](http://www.etsu.edu/cas/mpa/default.aspx) for more information on medical professions.

### Medical Professions

| PCHI Pre-Chiropractic          |                                      |
| PDEN Pre-Dentistry             |                                      |
| PMED Pre-Medicine              |                                      |
| POP Pre-Optometry              |                                      |
| POPM Pre-Osteopathic Medicine  |                                      |
| PPHY Pre-Pharmacy              |                                      |
| PPAS Pre-Physician Assistant   |                                      |
| PPID Pre-Podiatry              |                                      |
| PVET Pre-Veterinary Medicine   |                                      |

### Others

| PENG Pre-Engineering           |                                      |
| PROT Pre-Occupational Therapy  |                                      |
| PRPT Pre-Physical Therapy      |                                      |
Appendix J

Vital Student Statistical Information—Parent Information

Student Name: ________________________________________________________________

Student Country of Citizenship: ________________________________________________

Parent/Guardian Name: ________________________________________________________

Parent/Guardian Address: _______________________________________________________

Parent/Guardian email address: _________________________________________________

Parent/Guardian email address: _________________________________________________

Parent/Guardian Cell Phone #: ____________________ Home Phone #: _______________

Work Phone #: ____________________

Parent/Guardian Cell Phone #: ____________________ Home Phone #: _______________

Work Phone #: ____________________

Please remit form to:

Ms. Angela Haga, Assistant Director
Governor’s School for Scientific Models and Data Analysis
East Tennessee State University
Box 70301 Johnson City, TN 37614
Phone: 423-439-7592 Fax: 423-439-7530 Email: haga@etsu.edu
Appendix K
Vital Student Medical/Health Insurance Information

Student Name: __________________________________________________________
Health Care Provider: ____________________________________________________
Health Care Provider Address: _____________________________________________
_______________________________________________________________________
Health Care Provider Phone #: ____________________________________________
Health Care Provider Group #: ____________________________________________
Health Care Provider Subscriber#: __________________________________________

PLEASE ATTACH A LEGIBLE COPY OF YOUR CHILD’s HEALTH CARE CARD WITH THIS FORM

Please remit form to:
Ms. Angela Haga, Assistant Director
Governor’s School for Scientific Models and Data Analysis
East Tennessee State University
Box 70301  Johnson City, TN  37614
Phone: 423-439-7592       Fax: 423-439-7530       Email: haga@etsu.edu
Appendix L
Student Diet Restriction Form

Student Name: ____________________________________________

**Diet Restriction**: such as (Food allergies, celiac disease, diabetes, high blood pressure, any other medical condition that limits certain food consumption, vegetarian, vegan, etc.): *Please explain in detail*

I will need this information for food services and weekend food supplies.

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**Please remit form to:**

**Ms. Angela Haga**, Assistant Director  
**Governor’s School for Scientific Models and Data Analysis**  
East Tennessee State University  
Box 70301  
Johnson City, TN  37614  
Phone: 423-439-7592  
Fax: 423-439-7530  
Email: haga@etsu.edu
Appendix M
(Resident Counselor -Dorm- Student Rules)

1. Must attend all activities and classes—there will be no exceptions!!

2. It is mandatory that you show respect for your fellow classmates, professors, and counselors as well as all others on the ETSU campus.

3. Do not schedule ACT/SAT/prep classes during the course of the 5 week program. We will be very busy and the schedule continuously changing. You will not be allowed to leave to take any type of test not associated with Governor’s School.

4. You need to be in Luntsford Hall Apartments Dormitory by 10:00 p.m. on your assigned floor. In your assigned room by 10:30 p.m. doors will be taped at this time. Lights out will be at 11:00 p.m.

5. No one is to go off alone!! Three students make a group and must be together at all times. You must sign in and out with a counselor.

6. Perimeters are from Luntsford Hall Apartments Dormitory to Brown Hall and from the Culp Center to University High.

7. You need to be with a counselor to go the CPA. It takes a special ID to get in and it’s out of your perimeter.

8. While staying in Luntsford Hall Apartments Dormitory, you are only allowed on our floor, the floor where the laundry room is located, and lobby.

9. **No opposite sexes in your room at any time.**

10. No one is allowed in any other groups, organizations, or Governor’s school students rooms.

11. No loud music/noise in your dorm room.

12. **ID must be worn at all times. No exceptions!**

13. **Family is only allowed on Sundays.** They are not allowed in your dorm room only in the waiting area.

14. Parents are the only ones allowed to pick you up and drop you off on Sundays unless a release is signed by your parents for another adult to pick you up.

15. Cell phones must be left in the dormitory. They are only allowed during free time and after dinner.

16. No spaghetti strap tank tops, cheekie shorts (soffe’ shorts) or inappropriate t-shirts.

17. **No cars are allowed on campus!**

18. No bikes. You can walk everywhere you need to go.

19. **Profanity, violence or any other unacceptable behavior will not be allowed under any circumstances.**

20. **Good hygiene is appreciated by all.**

The counselors are here to help you. Just ask!!

Please sign and date that you have read and will comply with the rules and requests at all times.

Name_________________________________________________________ Date _________________
## Appendix N
(Governor’s School T-Shirt Order Form)

| Governor’s School for Scientific Models and Data Analysis T-Shirt Order Form |
| Please select your T-shirt size and mail (email) form back with other documents |

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<thead>
<tr>
<th>Student Last Name</th>
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<th>L</th>
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Appendix O
(Student Hometown Newspaper Form)

Student Newspaper Release Information Form

East Tennessee State University
News & Information Services
Office of University Relations

Governor’s School for Scientific Models and Data Analysis

Congratulations on your selection to participate in the Governor’s School for Scientific Models and Data Analysis at East Tennessee State University! As a service to you, we prepare a news release on your participation in the Governor’s School to send to your hometown newspaper. If you wish to be included in this news release, please provide the information requested below and sign where indicated. Thank you!

Name: ____________________________

Hometown: ____________________________

High School You Attend: ____________________________

Names of up to two newspapers in your area to which you would like for us to send your information.
Name of paper and city: ____________________________
Name of paper and city: ____________________________

Signature ____________________________ Date ____________

Please remit form to:

Ms. Angela Haga, Assistant Director
Governor’s School for Scientific Models and Data Analysis
East Tennessee State University
Box 70301 Johnson City, TN 37614
Phone: 423-439-7592 Fax: 423-439-7530 Email: haga@etsu.edu
Appendix P

(Photograph of Student)

I will need a wallet size or “3x4”, photo of your child for the descriptive Governor’s School name badge that each child is required to wear at all times. You may paper clip or tape your child’s photo to this sheet of paper.

Childs Name: ____________________________________________

Wallet size photo

3x4” photo

If you would rather email your child’s photo you may do so. haga@etsu.edu

Please remit form to:

Ms. Angela Haga, Assistant Director
Governor’s School for Scientific Models and Data Analysis
East Tennessee State University
Box 70301 Johnson City, TN 37614
Phone: 423-439-7592 Fax: 423-439-7530 Email: haga@etsu.edu
CONSENT FOR PHOTOGRAPHY

I, __________________________________________ (please print full name), hereby give my consent for photographing my image and release to East Tennessee State University and the Tennessee Governor’s Schools all rights of any kind to the materials in which I appear. The photographs are the property of East Tennessee State University and the Tennessee Governor’s Schools. Their use shall include, but not be limited to, printed publications, display advertising, editorial illustration, and broadcast or electronic media. This is a full release of all claims whatsoever I or my heirs, executors, administrators, or assigns now or hereafter have against East Tennessee State University and the Tennessee Governor’s Schools or its employees as regards any use that may be made by them of said photographic reproduction for purposes consistent with the university’s mission of teaching, research, and service. Such uses as may be made will not constitute a direct endorsement by me of any product or service.

I have read this entire document, understand the contents, and have willingly agreed to the above conditions.

I am 18 years of age or older: YES ☐   NO ☐

If NO, Parent or Guardian signature: __________________________________________

Signature: __________________________________________

Date: __________________________________________
## Appendix R

(Parental Permission to Pick up Governor's School Student on Family Day---Sunday)

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Parental List of Approved Adults &amp; Phone numbers</strong></td>
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