Mandatory forms that must be completed in their entirety for student Admission into the Governor’s School Program
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PLEASE COMPLETE ALL FORMS AND RETURN TO ANGELA HAGA ON OR BEFORE MARCH 11th, 2016

Please include a copy of your child’s Health Insurance Card (must be legible), parent phone #’s (cell, home, and work), and all email addresses
Appendix A
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: __________

X __ $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)

X __ $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 B

Governor’s School for Scientific Models and Data Analysis

Code of Conduct 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.

_________________________________  ______________________
Student’s name (Please Print)

_________________________________  ______________________
Student’s signature  Date

_________________________________  ______________________
Parent’s signature  Date
Appendix C
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 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 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:

_________________________________________________________ Date
Student’s signature

_________________________________________________________ Date
Student’s Parent or Guardian signature
Appendix D
Governor's School for Scientific Models and Data Analysis

Medical Release Form for Medication

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>SS#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
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</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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

Home Phone

Name of Insurance Co.

Work Phone

Address of Insurance Co.

Cell Phone

Insurance Group/Policy #

Other
Appendix E

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

Name: ___________________________  Last  First  Mi

Date of Birth: ____________  ETSU ID # ____________  Phone: (__________)

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.

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 meningococcemia (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.

Signatory 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 website at www.cdc.gov/health/default.htm.
Appendix F
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 G

### ETSU Undergraduate Application

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### 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)

- ☐ No Prior College
- ☐ College Prior to High School Graduation
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Special Student
  - Visiting Student
  - 2nd Undergraduate Degree
  - Undergraduate Special
  - Dual Enrollment

### ENROLLMENT PLAN

- ☐ Full Time
- ☐ Part Time

---

### PERSONAL DATA

Name

Legal Permanent Address

Mailing Address (if different)

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

Personal e-mail address (optional):

Date of Birth

Gender: ☐ Male ☐ Female

Ethnic Origin: ☐ 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

Relative's Area Code/Telephone

Intended College Major or Pre-Professional Curriculum

Concentration (if applicable)

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.

---

### 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

ST INITIALLY

TD DATE TIME TP OPERATOR

RESIDENCY REQ NAME RULE

ADMN ACT ON DATE
HIGH SCHOOL INFORMATION

High School ____________________________ Dates Attended: From _______ To _______

City ____________________________ State ___________ Zip Code ____________

Graduation Year ____________ If you are not a high school graduate, have you completed the GED? Yes No Year GED Received _______

If yes, you must request your official GED results be sent to the Office of Admissions. Have you ever attended any college or university? Yes No

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

COLLEGE TRANSFER INFORMATION (Official transcripts from each college or university must be submitted to the Office of Admissions.)

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

City ____________________________ State ___________ Dates Attended: From _______ To _______

Are You Currently Enrolled? Yes No Are You Eligible For Readmission? Yes No

2) ____________________________ Name of College

City ____________________________ State ___________ Dates Attended: From _______ To _______

Are You Currently Enrolled? Yes No Are You Eligible For Readmission? Yes No

3) ____________________________ Name of College

City ____________________________ State ___________ Dates Attended: From _______ To _______

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

Degree Major College State

Degree Major College State

Degree Major College State

IMPORTANT

Have you ever been convicted of a felony? Yes No Do you have any felony charges pending against you? Yes No

Are you currently required to register as a sex offender in any state? Yes No If yes, indicate the state(s):

Are You Eligible For Readmission? 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 If yes, give Selective Service Number _______

2. I am not required to be registered with Selective Service because Yes No I am female. I am currently in Armed Services. I am not yet 18 yrs. of age,

Disability Services: If you need accommodations based on a disability, contact the Disability Services Office for more information. Disability Services, PO Box 70850, East Tennessee State University, Johnson City, TN 37684-1708, Phone (423) 434-8466. TDD (423) 434-8170. Office of Admissions, TDD. (423) 434-8173.

Homework Code: East Tennessee State University is committed to developing the intellect and moral character of its students. To that end, all instances of plagiarism, cheating, and other forms of academic misconduct shall be punished in accord with Tennessee Board of Regents Policy. Any knowledge of such offenses should be reported to the proper authorities. Not reporting instances of academic misconduct represents a fundamental breach with honor code policy. Although this offense is not punishable, reduce a college disapproved for yourself, your classmates, and your professors.

If you are accepted as a student at this institution, these are common performance tests you are required to take during your academic career. It is a requirement of admission that you agree to take any test determined necessary by the institution. In those institutions where tests are administered by an external entity, you would agree for the results of such tests to be included in the institution. The purpose of this requirement is to comply with the institution's expressed intent that institutions regularly evaluate and improve instruction at all levels. If you are under twenty-one years of age and are required by the institutional policy to complete the Academic Assessment Program (AAP) tests, your score may be used for placement in any high school course. Any test scores will be mailed confidentially as required by law.

Social Security Number: In accordance with the Privacy Act of 1974, applicants for admissions and enrolled students are advised that the requested disclosure of their Social Security numbers to the Office of Admissions is voluntary. Students who do not provide the university with their Social Security numbers will be assigned special non-entity numbers. This number will be used to identify such student records in applications for admission, registration and course enrollment documents, grade reports, transcript requests, academic records, and permanent academic records and (b) to determine eligibility, verify school attendance, and support student loans. Students are notified, however, that only the Social Security number may be used as an identifier for grants, loans, and other financial aid programs according to federal regulations. The student's Social Security number will not be disclosed to individuals or entities of East Tennessee State University except in accordance with the institutional policy on student records.

SIGNATURE - I understand the policies outlined above and I hereby certify that all statements in this application are correct and complete.

Failure to submit correct and complete information shall be considered to be utterance of a false oath on an official document and may result in the immediate dismissal of the student without refund of fees, as determined by a review of a judicial board. I further understand that while a criminal conviction may not affect my admission to ETSU, I understand that admission to, and graduation from my program does not necessarily guarantee that I will be able to satisfy all licensure requirements.

______________________________
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/or SAT Scores
4. Please Note: The Transcript Supplement section of this form must be completed for all seniors.

RETURN TO:
East Tennessee State University
Office of Admissions
PO Box 70731
Johnson City, TN 37614

STUDENT AND HIGH SCHOOL INFORMATION

Social Security Number __________________________

Name, in full __________________________
Birth Date __________ Sex ______

High School __________________________

School Accredited by __________________________

Date __________________________

Was graduated: __________________________

Will be graduated: __________________________

Withdraw: __________________________

School grading scale, highest to lowest:

<table>
<thead>
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<th>Grade</th>
<th>Numeric Range</th>
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<tbody>
<tr>
<td>A</td>
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<tr>
<td>B</td>
<td>D</td>
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<tr>
<td>C</td>
<td>E</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.)

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<tbody>
<tr>
<td>Month Year</td>
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TRANSCRIPT SUPPLEMENT (High School Seniors Only)
Courses in progress or to be completed during senior year.

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<th>Course Name</th>
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<td>F</td>
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<td></td>
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<tr>
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</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

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

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, disability, veteran status, or sexual orientation.
# UNDERGRADUATE MAJORS: COLLEGES AND SCHOOLS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Major</th>
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<tbody>
<tr>
<td>COLLEGE OF ARTS AND SCIENCES</td>
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<td>ANTH</td>
<td>Anthropology</td>
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<tr>
<td>ARIA</td>
<td>Art</td>
</tr>
<tr>
<td>BIOL</td>
<td>Biology</td>
</tr>
<tr>
<td>*PBLU</td>
<td>Bluegrass, Old Time &amp; Country Music (All bluegrass majors begin in Pre-Bluegrass)</td>
</tr>
<tr>
<td>CHEM</td>
<td>Chemistry</td>
</tr>
<tr>
<td>CIJR</td>
<td>Criminial Justice and Cumnialogy</td>
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<tr>
<td>ENGL</td>
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<td>GLGY</td>
<td>Geology</td>
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<td>LANG</td>
<td>Foreign Languages (French, German, Spanish)</td>
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<td>History</td>
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<td>ITAF</td>
<td>International Affairs</td>
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<td>Mass Communications</td>
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<td>Speech</td>
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<td>THEA</td>
<td>Theatre</td>
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<td>WMST</td>
<td>Women’s Studies</td>
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<td>PRED</td>
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<td>PRED</td>
<td>Interdisciplinary Studies (Elementary Education)</td>
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<td>PRED</td>
<td>Special Education</td>
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<td>HSER</td>
<td>Human Services</td>
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<td>SALM</td>
<td>Sport and Leisure Management</td>
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<td>COLLEGE OF PUBLIC HEALTH</td>
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<tr>
<td>EVHE</td>
<td>Environmental Health (Environmental Health Practices, Occupational Health and Safety)</td>
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<tr>
<td>HESC</td>
<td>Health Sciences (Human Health, Microbiology)</td>
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<tr>
<td>PHBS</td>
<td>Public Health (Community Health, Health Care Administration)</td>
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<td>DENT</td>
<td>Dental Hygiene (Please specify on-campus or online)</td>
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<td>NevCenter, Elizabethon, TN</td>
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<tr>
<td>BSAH</td>
<td>Allied Health (Cardiopulmonary Science, Allied Health Leadership, Radiography, Nutrition and Foods)</td>
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<td>PSBN</td>
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<td>*Limited admission programs - additional departmental admission process</td>
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<td>(Undergraduate majors can be declared early, but must be selected prior to earning 60 hours.) Please visit the web site <a href="http://www.utc.edu/cas/npa/default.aspx">www.utc.edu/cas/npa/default.aspx</a> for more information on medical professions</td>
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<td>Pre-Optometry</td>
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<td>POMP</td>
<td>Pre-Osteopathic Medicine</td>
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<td>PPHY</td>
<td>Pre-Pharmacology</td>
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<td>Pre-Physician Assistant</td>
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<td>PPID</td>
<td>Pre-Physiatry</td>
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<tr>
<td>PVET</td>
<td>Pre-Veterinary Medicine</td>
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<td>PROT</td>
<td>Pre-Occupational Therapy</td>
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<td>PRPT</td>
<td>Pre-Physical Therapy</td>
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East Tennessee State University is available to prospective students the ETSU Security Information Report. This annual report includes campus crime statistics for the three most recent calendar years and various campus policies concerning law enforcement, the reporting of crimes, and crime prevention programs. The ETSU Security Information Report is available upon request from the Department of Public Safety, Box 70654, ETSU, Johnson City, TN 37684. The report can be reviewed at the Internet at: http://www.etsu.edu/aps/security_report.asp.

Prepared to The Student Right to Know and Campbell Security Act, Public Law 106-554, as amended, graduation rates at East Tennessee State University range from 54% to 78%, depending on the method of calculations and the programs being evaluated.

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, disability, veteran status, or sexual orientation. TEC 120-001-09 10/10.
Appendix H
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 I

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 J
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 K  
(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 (sffe’ 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 L

(Governor’s School T-Shirt Order Form)

Governor’s School for Scientific Models and Data Analysis T-Shirt Order Form

Student Last Name | Student First Name | S | M | L | XL | 1X | 2X
--- | --- | --- | --- | --- | --- | --- | ---

(Totals)

S | M | L | XL | 1X | 2X
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: ________________________________

____________________________________________________ Date

Signature

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 N
(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
## Appendix O

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

### Parental List of Approved Adults & Phone numbers

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