Mandatory Forms that must be completed in their entirety for student Admission into the Governor’s School Program
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(Parental Permission to Pick up Governor’s School Student on Family Day---Sunday)
PLEASE COMPLETE ALL FORMS AND RETURN TO ANGELA HAGA ON OR BEFORE FEBRUARY 17th, 2017

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

Please remit all forms to:

Ms. Angela Haga, Assistant Director  
Governor’s School for Scientific Models and Data Analysis  
East Tennessee State University  
PO Box 70301  
Johnson City, TN 37614  
Phone: 423-439-7592  
Fax: 423-439-7530  
Email: haga@etsu.edu
Appendix A
GOVERNOR’S SCHOOL FOR SCIENTIFIC MODELS AND DATA ANALYSIS
PERSONAL BACKGROUND DATA FORM

Full Name: ____________________________  T-shirt Size (circle): S ☐ M ☐ L ☐ XL ☐ 2X ☐ 3X ☐
 Address: ______________________________
________________________________________________________________________
________________________________________________________________________
Email: ________________________________
 Gender: female ☐ male ☐
Grade:  11 ☐ 12 ☐
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 of entry to the U.S.: ___/___/_____
Visa Type: ______________________________
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.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

1
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 28th, 2017:

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 30th, 2017:

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 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
# Medical Release Form for Medication

**Student’s Name** ____________________________________  **Birthdate** ____________________

Please list any prescription medication being taken (be sure to bring an adequate supply of any medication):

<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>
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<td></td>
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<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 other serious physical impairments or limitations:

______________________________________________________________________________________

______________________________________________________________________________________

**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:**

______________________________________________________________________________________

______________________________________________________________________________________

I certify that the above information is complete and accurate.

**Student Signature** ____________________ **Date** ____________________  **Parent’s Signature** ____________________ **Date** ____________________

**Home Phone** ____________________

**Name of Insurance Co.** ____________________  **Work Phone** ____________________

**Address of Insurance Co.** ____________________  **Cell Phone** ____________________

**Insurance Group/Policy #** ____________________  **Other** ____________________
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

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

Name:

Date of Birth: ____________________________

ETSU ID # ____________ Phone: (_______)

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 of 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.

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 HepB vaccine has a record of safety and is believed to confer lifelong immunity in most cases. The HepB 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 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 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 this 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 Website 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

### PERSONAL DATA

Name ____________________________

Last      First      Middle      Maiden      Former

Legal Permanent Address ____________________________

Street (including apartment or lot number) ____________________________

City      State      Zip Code

Mailing Address (if different) ____________________________

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

City      State      Zip

For the past 12 months have you continuously resided in Tennessee? [ ] Yes    [ ] No    Daytime Telephone # ____________________________

(Work # if Applicable)

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 ____________________________

State      Visa Type

Nearest relative's full name: Mr. ____________________________

[ ] Ms.

Relationship: [ ] Father    [ ] Mother    [ ] Spouse    [ ] Guardian    [ ] Other

Relative's Address (If different) ____________________________

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

City      State      Zip Code

Relative's Area Code/Telephone ____________________________

Concentration (if applicable) ____________________________

(See Undergraduate Catalog)

Intended College Major or Pre-Professional Curriculum ____________________________

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

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 and Data Analysis

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 you are not a high school graduate, have you completed the GED? [ ] Yes [ ] No

If you must request your official GED results be sent to the Office of Admissions, please check one box only.

Do you have any college or university? [ ] Yes [ ] No

If you have attended any college or university, please write your name and program here.

[ ] Yes [ ] No

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

[ ] Yes [ ] No

List colleges beginning with those you attended 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

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

If you are currently required to register as a sex offender in any state? [ ] Yes [ ] No

If yes, indicate the state(s):

Military Veteran [ ] Yes [ ] No

If yes, give semester of first enrollment:

[ ] Yes [ ] No

(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 [ ] I am female [ ] I am not in the Armed Services [ ] I am not yet 18 yrs. of age,

Signature ___________________________ Date ___________

Disability Services: If you need accommodations based on a disability, contact the Disability Services Office for more information. Dismissal Services, PO Box 78050, East Tennessee State University, Johnson City, TN 37650-1708, Phone (423) 434-4894, TDD (423) 434-4170. Office of Admissions: (423) 434-4213.

House 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 accordance with Tennessee Board of Regents Policy. Any knowledge of such actions shall be reported to the appropriate authorities. No reporting instances of academic misconduct represents a fundamental breach with honor code policy. Through this offense is not punishable, reduces a college s impact on your academic and your professor. If you are accepted as a student at this institution, there are certain performance tests you will be required to take during your academic career. It is a requirement of admission that you agree to take any test deemed necessary by the institution. To those students whose tests are administered by an external entity, you hereby agree for the results of such tests to be released to 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 Placement Program (AAPP) tests, your scores and course placement may be reported to your high school for research purposes. Any test scores will be treated 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-identifying numbers. This number is the Social Security number will be used (a) to identify each student record in applications for admission, registration and course enrollment documents, grade reports, transcript requests, verification requests, and permanent academic records and (b) to determine eligibility, certify school attendance, and report student status. Students are notified, however, that only the Social Security number may be used as an identifier for grants, loans, and other financial student aid programs according to federal regulations. The student’s Social Security number will not be disclosed to individuals or agencies 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 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 __________________________

High School __________________________

School Accredited by __________________________

Birth Date __________ Sex ______

Was graduated: __________________________

Will be graduated: __________________________

Withdraw: __________________________

School grading scale, highest to lowest:

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

DATE

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.)

<table>
<thead>
<tr>
<th>ACT Test Date:</th>
<th>ACT STANDARD SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SAT Test Date:</th>
<th>SAT STANDARD SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</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>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>E.</td>
</tr>
<tr>
<td>B.</td>
<td>F.</td>
</tr>
<tr>
<td>C.</td>
<td>G.</td>
</tr>
<tr>
<td>D.</td>
<td>H.</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

<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, handicap, veteran status, or sexual orientation.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Major</th>
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<tbody>
<tr>
<td>ANTH</td>
<td>Anthropology</td>
</tr>
<tr>
<td>ARTIA</td>
<td>Art</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.etsu.edu/cas/npurpose/default.aspx">www.etsu.edu/cas/npurpose/default.aspx</a> for more information on medical professions.</td>
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<td>Pre-Occupational Therapy</td>
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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, national origin, disability, veteran status, or sexual orientation. TSOP 106-01-00 106.

*Preceded by a star indicates a Pre-Professional major.*
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 #: ____________________
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
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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15
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**

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Totals

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</table>
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
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 at haga@etsu.edu
Appendix Q

Governor’s School for Scientific Models and Data Analysis

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: ________________________________

Student Signature: ________________________________

Date: ________________________________
Appendix R

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

**Parental List of Approved Adults & Phone numbers**

1. ____________________________________________ #________________
2. ____________________________________________ #________________
3. ____________________________________________ #________________
4. ____________________________________________ #________________
5. ____________________________________________ #________________
6. ____________________________________________ #________________
7. ____________________________________________ #________________
8. ____________________________________________ #________________
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