

STATE OF
TENNESSEE
GOVERNOR'S
SCHOOL IN
INTEGRATION OF
BIOLOGICAL &
STATISTICAL
SCIENCES



2018



EAST TENNESSEE STATE
UNIVERSITY

Governor's School in
Integration of Biological
& Statistical Sciences

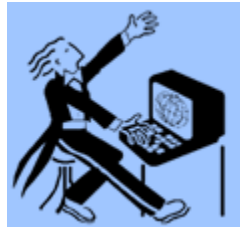
**Mandatory Forms that
must be completed in
their entirety for student
Admission into the
Governor's School
Program**

Contents

Appendix A.....	1
PERSONAL BACKGROUND DATA FORM.....	1
Appendix B.....	2
Family Invitation Form for Opening and Closing Ceremonies.....	2
Appendix C.....	3
Code of Conduct and Certification Agreement.....	3
Appendix D.....	4
Release Form for Student to Attend Church Services.....	4
Appendix E.....	5
Medical Release Form for Medication.....	5
Appendix F.....	6
MEDICAL RELEASE FORM.....	6
Appendix G.....	7
Meningococcal Meningitis and Hepatitis B Immunization Health History Form.....	7
Appendix H.....	8
Student Health Services “Permission for Dependents”.....	8
Appendix I.....	9
ETSU Undergraduate Application.....	9
Appendix J.....	12
Vital Student Statistical Information—Parent Information.....	12
Appendix K.....	13
Vital Student Medical/Health Insurance Information.....	13
Appendix L.....	14
Student Diet Restriction Form.....	14
Appendix M.....	15
(Resident Counselor –Dorm- Student Rules).....	15
Appendix N.....	16
(Governor’s School T-Shirt Order Form).....	16
Appendix O.....	17
(Student Hometown Newspaper Form).....	17
Appendix P.....	18
(Photograph of Student).....	18
Appendix Q.....	19
CONSENT FOR PHOTOGRAPHY.....	19

Appendix R 20
(Parental Permission to Pick up Governor’s School Student on Family Day--Sunday)..... 20

PLEASE COMPLETE ALL FORMS AND
RETURN TO
ANGELA HAGA ON OR BEFORE FEBRUARY
20th, 2018



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:

Governor's School in Integration of Biological & Statistical Sciences
Ms. Angela Haga, Assistant Director
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 IN INTEGRATION OF BIOLOGICAL & STATISTICAL SCIENCES

PERSONAL BACKGROUND DATA FORM

Full Name: _____

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

Address: _____

United States Citizen (circle): Yes No

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

Email: _____

Country of citizenship: _____

Gender: female male

Permanent Resident (circle): Yes No

Grade: 11 12

Permanent Resident Number: A _____

Date of Birth: _____

Date Issued: ____/____/____

SSN: _____

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

Cell Phone: _____

Visa Type: _____

Preferred name: _____

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 IN INTEGRATION OF BIOLOGICAL & STATISTICAL SCIENCES

Family Invitation Form for Opening and Closing Ceremonies

You are invited to participate in the opening and closing ceremonies of the *Governor's School in Integration of Biological & Statistical Sciences*. 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 *\$12.00 for the opening and \$25.00 for the closing luncheon*.

Student's Name: _____

We are planning to attend the opening ceremony on **Sunday, May 27th, 2018:**

Total number (excluding student) in our party: _____

X \$12.00

Amount owed for opening luncheon: = \$ _____

We are planning to attend the closing ceremony/awards on **Friday, June 29th, 2018:**

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 \$25.00

Amount owed for closing luncheon: = \$ _____

Total amount owed for both luncheons: \$ _____

Checks should be made payable to:

ETSU / Governor's School in Integration of Biological & Statistical Sciences (GS IB&SS)

***A single check for both banquets will be fine.**



Appendix C

Governor's School in INTEGRATION OF BIOLOGICAL & STATISTICAL SCIENCES

Code of Conduct and Certification Agreement

While participating in the *Governor's School in Biological & Statistical Sciences*, 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 IN INTEGRATION OF BIOLOGICAL & STATISTICAL SCIENCES

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 F

Governor's School IN INTEGRATION OF BIOLOGICAL & STATISTICAL SCIENCES

East Tennessee State University
May 27th – June 29th, 2018

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 27 – June 29, 2018**. 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 70675
Johnson City TN 37614
FAX: 423-439-4560
PHONE: 423-439-4225

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

_____ 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 Sereogroups 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 in Integration of Biological & Statistical Sciences*** 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: haga@etsu.edu

Ms. Angela Haga, Assistant Director
Governor's School in Integration of Biological & Statistical Sciences
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

https://www.etsu.edu/admissions/documents/undergrad_application.pdf



EAST TENNESSEE STATE UNIVERSITY

UNDERGRADUATE APPLICATION

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.

PRINT OR TYPE BOTH SIDES OF APPLICATION

Social Security Number

Current Date

Expected Date of Entrance: Year Semester: Fall Spring Summer

Table with 2 columns: ST, INITIALS and 4 rows: TP DATE/TIME, TP OPERATOR, RESIDENCY, REQ NAME RULE, ADMIT ACTION, DATE

CLASSIFICATION (Check only one)

ENROLLMENT PLAN Full Time Part Time

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

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

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 Country 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 Area Code Telephone

Intended College Major or Pre-Professional Curricula 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 in Integration of Biological & Statistical Sciences

HIGH SCHOOL INFORMATION

High School _____ Dates Attended: From _____ To _____
Month Year Month Year
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) _____ Dates Attended: From _____ To _____
Name of College Month Year Month Year
City State Are You Currently Enrolled? Yes No Are You Eligible For Readmission? Yes No
- 2) _____ Dates Attended: From _____ To _____
Name of College Month Year Month Year
City State Are You Currently Enrolled? Yes No Are You Eligible For Readmission? Yes No
- 3) _____ Dates Attended: From _____ To _____
Name of College Month Year Month Year
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
 Are you currently required to register as a sex offender in any state? Yes No If yes, indicate the state(s): _____
 Have you ever attended ETSU? Yes No If yes, give semester of first enrollment _____ Year _____
 Military Veteran: 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 currently in Armed Services; I am not yet 18 yrs. of age; I am a legal alien; I was born before 1986.

Disability Services: If you need accommodations based on a disability, contact the Disability Services Office for more information. Disability Services, PO Box 70605, East Tennessee State University, Johnson City, TN 37614-1708, Phone (423) 439-8346, TDD (423) 439-8370. Office of Admissions TDD, (423) 439-4213.

Honor 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 conduct of this nature should be reported to the proper authorities. Not reporting instances of academic misconduct represents a fundamental break with honor code policy, and although this offense is not punishable, reflects a callous disregard for yourself, your classmates, and your professors.

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 tests deemed necessary by the institution. In those instances where 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 legislature'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 (AAP) tests, your scores on these tests 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 admission 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 nine-digit numbers. This number or the Social Security number will be used: (a) to identify such student records as applications for admission, registration and course enrollment documents, grade reports, transcript requests, certification 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 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.

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 _____ DATE _____

School Accredited by _____
 Was graduated: _____
 Will be graduated: _____
 Withdrew: _____

School grading scale, highest to lowest:

	<u>Grade</u>	<u>Numeric Range</u>	<u>Grade</u>	<u>Numeric Range</u>
	A		D	
	B		F	
	C		Other	

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

ACT STANDARD SCORES						
TEST SCORES	ENGLISH	MATH	READING	SCI REAS	COMPOSITE	WRITING (IF COMPLETED)

SAT Test Date: _____ / _____
 Month Year

SAT STANDARD SCORES					
TEST SCORES	READING	MATH	WRITING	ESSAY	MULTIPLE CHOICE

TRANSCRIPT SUPPLEMENT (High School Seniors Only)

Courses in progress or to be completed during senior year.

Course Name	Unit Credit	Course Name	Unit Credit
A. _____		E. _____	
B. _____		F. _____	
C. _____		G. _____	
D. _____		H. _____	

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, disability, veteran status, or sexual orientation.



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.



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. 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 O
(Student Hometown Newspaper Form)



Student Newspaper Release
Information Form

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

Governor's School in Integration of Biological & Statistical Sciences

Congratulations on your selection to participate in the Governor's School in Integration of Biological & Statistical Sciences 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**



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. **Please email photo (jpeg) if possible. It is easier for me to save the photo for the name tags.**

Childs Name: _____

Wallet size photo

3x4" photo

If you would rather email your child's photo you may do so at haga@etsu.edu
Please email in a jpeg format.



Appendix Q

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. _____ # _____
9. _____ # _____
10. _____ # _____