



THE UNIVERSITY OF
MEMPHIS®

Information, Instructions & Forms



The Governor's Schools of Tennessee
The School for International Studies

2016

PROGRAM OVERVIEW

The Tennessee Governor's School program was originally conceived as an opportunity for the best and brightest students in high schools across the state to receive, free of charge, an opportunity for an in-depth introduction into a chosen area of study. It was important that these programs be intellectually rigorous as well as enriching to their students' personal growth. Placed on university campuses throughout the state, the program also offered a chance for the participating rising juniors and seniors to get a preview of college life.

Since 1986, the Tennessee Governor's School for International Studies at the University of Memphis has afforded its student-scholars an exciting "total immersion" experience, introducing them to the challenges and possibilities of their contributions as actors on the world stage.

In 2004, Governor Phil Bredeson, through the Department of Education, invited all existing Tennessee Governor's Schools to restructure. The thought was to offer student-scholars an added and very tangible reward: college credit. This challenge – maintaining an established core of enrichment activities and programs while adding the rigors of university-level scholarship – was accepted by all nine schools. In 2005, for the first time, the Tennessee Governor's School for International Studies offered its student-scholars college credit. These credits are designed to meet the General Education requirements for and to be fully transferable to any state university in Tennessee.

Aside from the three-hour credit course, the GSIS program exposes its scholars to languages, cultures, speakers and activities designed to broaden horizons and deepen perspectives on issues as diverse as international business, immigration, the workings of the United Nations, genocide, national security, world hunger, careers in diplomacy, and the health and environmental consequences of nuclear accident.

The students live together in a residence hall setting with their resident counselors (many of them alumni of the program), out-of-state faculty members, and the program's associate director. The resident counselors rotate schedules with the University's Residence Life staff so that the front desk of the residence hall is continually staffed, with all comings-and-goings monitored. Resident counselors accompany the students to their classes and plenary sessions, conduct study sessions, function as teaching assistants to the faculty, and are the principal organizers of many group activities. Classes usually take place in one building or building complex. All regular meals are served to the group in the same building.

In surveys of GSIS Alumni, GSIS participants routinely report that they are more informed, more aware, more prepared, and more motivated to take leadership roles in changing, for the better, the world they will inherit.



The 2016 Program

Thank you for your interest in the program. We will contact you as soon as possible.

Arrival and Departure

Students should arrive for The Governor's School for International Studies (GSIS) on Saturday, June 4th between the hours of 10:00 AM and 1:00 PM.

Students will leave GSIS on Saturday, July 2nd between the hours of 9:00 AM and Noon.

A program that includes a three hours of college credit course in a month, foreign language and culture activities, interactive group activities and special lectures requires a great deal of energy and attention from its participants. The Governor's School program is intense, and that intensity starts on the very first day. It is extremely important that you not miss anything.

Accordingly, late arrivals and early departures are rarely permitted. Please work with your family to clear any conflicts you may have prior to your arrival at GSIS. If you find yourself in an exceptional circumstances, your situation can be discussed with GSIS Program Director, Mr. Robert Marczynski and/or Associate Director, Ms. Blanche Deaderick. Such circumstances are considered on a case-by-case basis. Initial requests should be outlined and sent by email to marczyns@memphis.edu and/or bdeaderick@bellsouth.net.

Textbooks

GSIS requires students to purchase their own textbooks. Along with many online vendors, the texts for these classes will also be available at the University of Memphis bookstore. We will provide more information on textbook purchases closer to the beginning of the program. If purchasing the required textbooks is such a financial burden that you would consider not attending GSIS, please let us know. A very limited number of book "scholarships" are available.

CURRICULUM

All students will be enrolled in "Cultural Anthropology: Issues in International Studies" (ANTH 1200, Section 161)

Cultural Anthropology: Issues in International Studies is led by Dr. Keri Brondo. Dr. Brondo is an Associate Professor in the Department of Anthropology, the Director of the University of Memphis International Studies Program, and the Academic Coordinator for GSIS. This section of ANTH 1200 is reserved exclusively for GSIS students. The course provides an introduction to the foundation of cultural anthropology with a focus on globalization and international exchange. Course content will cover issues of culture, meaning and identity, social and political organization, inequality and power within a changing global context. To this end, students will have the opportunity to engage with the question of anthropological relevance to their immediate worlds and larger global concerns. What does it mean to live anthropologically and how do anthropological theories and methods contribute to addressing the issues and challenges that face the globe?

Students will also meet daily to discuss issues, and participate in enrichment activities dealing with a specific area of the world. Students will be divided into four regional areas. Each group be introduced to a language common in that area.

Students in the **AFRICA** group will focus on the **AKAN** language and will concentrate on Africa's cultures, traditions and problems. *Akan (/ə 'kæn/) is the principal native language of the Akan people who make up over 50% of the population of southern Ghana. Akan is also spoken by over a third of the population of Ivory Coast.*

The **LATIN AMERICA** group will learn **PORTUGUESE** and will concentrate on Latin American politics, history and culture. *With 190 – 230 million native speakers, Portuguese is ranked sixth on the list of the world's most-spoken languages. It is spoken by half of South America, and is the official language of nine countries, including Portugal, Brazil, Angola, Mozambique, East Timor and the administrative region of Macau.*

Students in the **MIDDLE EAST** region will study **ARABIC** and concentrate on Middle Eastern politics, history and culture. *Arabic is the largest member of the Semitic language family, spoken by more than 280 million people as a first language, and by 250 million more as a second language. Modern Standard Arabic is widely taught in schools, universities, and used in workplaces, government and the media. It is the language of the Qur'an and occupies a position similar to Latin (in Europe) throughout the Islamic world.*

Students in the **EAST ASIA** region will study Chinese and will concentrate on the East Asian nations, especially China, and issues of development. *Over 1 billion people (approximately 20% of the world's population) speak some form of Chinese. Chinese is spoken by the Han majority in China and many other Chinese ethnic groups in China.*

FORMS

The Forms in this Package

The following forms will allow:

- **You to be admitted** to the University of Memphis as a concurrently enrolled undergraduate.
- **You to be cleared for registration** by the University's Student Health Office.
- The GSIS Program to collect your insurance information and medical permissions on file for use by OUR staff, in case you experience an emergency while you are here.

Both of these forms must be completed and processed before you are permitted to fully participate in the program.

Please print out the forms and complete them in full.

Please use blue ink on all signatures.

Please send **ORIGINALS ONLY**. (Keep copies for yourself).

A special note on the Health Forms:

The Student Health Office seeks to protect the confidentiality of GSIS participants, because our students are minors who are in residence for an extended period. They are *extremely* sensitive to irregularities in the paperwork submitted to them. Please pay special attention to the SAMPLES preceding each form. The sample responses contain hints on past common problems that have resulted in difficulties and delays for some GSIS participants.

- If you were born outside the country, please read the tuberculosis test requirement sheet, and check out the list of countries. You MAY have to be screened for this illness.
- The Certificate of Immunization – MMR and Varicella form must be signed by a medical provider.
- The Medical Release Form must be notarized.

Please send ALL completed forms – EVERYTHING – to GSIS.

The GSIS Office will collate, track, and hand-deliver your forms to the various on-campus offices. If there are problems, the respective campus offices will contact GSIS first. Sending forms to any other office will result in delays. The GSIS mailing address is:

Governor's School for International Studies
University of Memphis
107 Scates Hall
Memphis, TN 38152

THE DEADLINE FOR SUBMITTING THESE FORMS IS APRIL FRIDAY, APRIL 29TH

If you're worried about meeting the deadline or are experiencing delays gathering medical records or other information, please call us or send an email: 901.678.3732 or laboyd@memphis.edu.

LANGUAGE/WORLD REGION PREFERENCE FORM

Language and World Region Groups Are Assigned

Please indicate your group/language preference: 1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice, 4 = 4th choice.

We cannot guarantee that you will be assigned your first choice, but we will try. In addition to having an equal number of students in each group, we also want students to have the opportunity to interact and work with fellow scholars from different high schools, different parts of the state, and with different backgrounds. These factors are all considered when studentts are assigned to the respective groups.

FIRST NAME

LAST NAME

RANK IN ORDER OF PREFERENCE

AFRICA/AKAN

LATIN AMERICA/PORTUGUESE

MIDDLE EAST/ARABIC

EAST ASIA/CHINESE

PERSONAL DATA

Student Name: _____
Last First Middle FIRST NAME as it should appear on nametag

Address: _____
Street Address City State Zip

Home Telephone: (____) _____ E-Mail Address: _____

U.S. Citizen Yes ____ No ____ If no, specify citizenship & Visa type _____

Race/Ethnicity (African American/Black; Asian; Hispanic/Latino; Caucasian; Multiracial; Other): _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ T-shirt Size: S ____ M ____ L ____ XL ____ XXL ____

Name of School: _____

Year in school next academic year (next fall): _____

Career Preference: _____ Certain ____ Tentative ____ Uncertain ____

Parent/Guardian: _____
Last First Middle

Address: _____
Street Address City State Zip

Home Telephone: (____) _____ Work Telephone: (____) _____

Do you have any disabilities? Yes ____ No ____ If yes, specify: _____

Do you have food allergies? Yes ____ No ____ If so, what are they? (detail below)

Are you a vegetarian/vegan? Yes ____ No ____ If so, please indicate below the degree of your dietary restriction as specifically as possible.







Do you have any other dietary restrictions? Yes ____ No ____ If yes, please specify the restriction(s).

We will try to modify or offer alternative menus as much as possible.

Instructions

University of Memphis Application

Because you will be receiving college credit, you must also apply to be admitted as a student to the University of Memphis for the first summer session. You will be admitted under a Tennessee Board of Regents admission standard for gifted high school students. Your official admissions status will be that of a concurrently enrolled student – someone who is taking both high school- and college-level courses. ACT/SAT scores -- while welcomed if available -- are NOT required.

-  DO complete the application as best you can. As a current high school student, some of the questions will not apply to you. In answer to questions about your high school graduation date, put the year that you are PROJECTED to graduate.
-  DO provide your Social Security Number (SSN) on the application. It is the only document that a SSN is required.
-  DO –if you are a foreign national – PROVIDE your VISA TYPE and a U. S. Social Security Number if available. DO NOT leave this portion of the application blank for any reason. DO **ATTACH COPIES** of your documentation.
-  DO NOT send an application processing fee. The Governor's School has taken care of the application processing fee.
-  DO NOT go online to apply to the University of Memphis. Use the paper application **ONLY**. Your paper application will be hand-delivered to the Admissions Office for special handling.
-  **DO request that your counselor or your school's records office sends an OFFICIAL TRANSCRIPT** to the university's Undergraduate Admissions Office. The school should send the transcript **DIRECTLY TO THE UNIVERSITY** (any other way is not official). Instruct them to send to: Undergraduate Admissions, University of Memphis, Wilder Tower, Memphis, TN 38152. Attention: Gloria Moore. DO NOT send yourself. DO NOT send it to the Governor's School Office. This is the only document that should not be sent to Governor's School. **EVERYTHING ELSE** should be sent to GSIS.

THE UNIVERSITY OF
MEMPHIS®

GOVERNOR'S SCHOOL

PLEASE FORWARD: CONCURRENT ENROLLMENT

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Applications should be returned to this address: Office of Admissions, University of Memphis, 101 Wilder Tower, Memphis, TN 38152-3520

U. S. SOCIAL SECURITY NUMBER

If U.S. Social Security Number is unavailable, a student identification number will be assigned. The applicant must retain this number for access to their file.

For Office Use Only

Receipt Number:

FULL LEGAL NAME (Please Print)

LAST

FIRST

MIDDLE/MAIDEN

SUFFIX

PERMANENT HOME ADDRESS (Please Print)

STREET ADDRESS

CITY

STATE

ZIP

COUNTRY

(AREA CODE) PHONE NUMBER

TN-COUNTY

BIRTHDATE (month / day / year)

GENDER (Check One)

RACE / ETHNICITY (Check One)

____ / ____ / ____

☐ Male ☐ Female

☐ Asian or Pacific Islander ☐ American Indian or Alaskan Native ☐ African American – non-Hispanic ☐ Hispanic ☐ White

CITIZENSHIP (Check One)

Are you a CITIZEN of the United States? ☐ Yes ☐ No (If no, what is your country of CITIZENSHIP and your VISA type?)

COUNTRY OF CITIZENSHIP

VISA TYPE

EMERGENCY CONTACT INFORMATION (Please Print)

NAME

STREET ADDRESS

CITY

STATE

ZIP

COUNTRY

RELATIONSHIP OPTIONAL (Check One)

(AREA CODE) PHONE NUMBER

☐ Parent ☐ Guardian ☐ Spouse ☐ Other

For what term and year are you applying? (Check One) ☐ Fall ☐ Spring ☐ Summer Year _____

Are you seeking a degree from the University of Memphis? ☐ Yes ☐ No If yes, indicate your planned major (Please choose only majors listed here).

If undecided, please state "undecided" _____

Have you previously applied to the University of Memphis (formerly Memphis State University)? ☐ Yes ☐ No If yes, indicate term and year _____

Do you plan to take coursework to transfer to another institution? ☐ Yes ☐ No If no, do you plan to take coursework for audit only? ☐ Yes ☐ No

How many semester hours of college work will you have earned by the time you attend the University of Memphis? _____

Have you ever applied for undergraduate admission at the University of Memphis? ☐ Yes ☐ No If yes, indicate term and year _____

Have you ever taken undergraduate coursework at the University of Memphis? ☐ Yes ☐ No If yes, indicate term and year of last enrollment _____

HIGH SCHOOL INFORMATION (Please Print)

NAME OF HIGH SCHOOL

LOCATION (City / State)

What were your dates of attendance? Begin Month / Year ____ / ____ End (Graduation) Month / Year ____ / ____

Please print your name as it appears on your high school transcript: _____

Was your diploma awarded on the basis of HIGH SCHOOL graduation or the GED test? ☐ High School ☐ GED

If applicable, what date was the GED taken? Month / Year ____ / ____

Which ENTRANCE EXAM(S) have you taken? (Check One) ☐ ACT ☐ SAT ☐ BOTH ☐ NONE Month / Year ____ / ____

PREVIOUS COLLEGE / UNIVERSITY WORK (List ALL previous colleges/universities, including the University of Memphis. If you require more space, please provide the information on an attached sheet.)

FULL NAME OF COLLEGE	CITY & STATE	DATES OF ATTENDANCE (MONTH / YEAR) – (MONTH / YEAR)	DID YOU GRADUATE?	IF YES, DEGREE EARNED AND DATE
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		-	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you have not graduated, what is the proposed date of your graduation?

Please print your name as it appears on your college transcript/s (school record):

RESIDENCY (STUDENTS WILL NOT GAIN RESIDENT CLASSIFICATION AT THE UNIVERSITY OF MEMPHIS BY PRESENCE AS A STUDENT IN THE STATE OF TENNESSEE)

Have you always lived in Tennessee? ☐ Yes ☐ No If no, when did you move to Tennessee? Month / Year ____ / ____

Why did you move to Tennessee (for example, active duty military, employment, education, etc.)? _____

Do you plan to be a full-time or part-time student? (Check One) ☐ Full-Time ☐ Part-Time

Are you employed? (Check One) ☐ Full-Time ☐ Part-Time ☐ Not Employed

If employed, please provide:

EMPLOYER NAME

DATES OF EMPLOYMENT

CITY / STATE

PHONE NUMBER

SELECTIVE SERVICE CERTIFICATION

All male citizens of the United States of America between the ages of eighteen (18) and twenty-six (26) must be registered with the Selective Service prior to registering for classes at the University of Memphis. This requirement does not apply to veterans and others exempt by federal law. Have you registered for Selective Service? ☐ Yes ☐ No ☐ Exempt

Pursuant to the requirements of the College and University Security Information Act, Tenn. Code Ann. Section 49-7-2200, an annual report of security information and statistics is available upon request. Contact the Associate Dean of Students, Office of Student Judicial and Ethical Programs, 105 University Center, the University of Memphis, Memphis, Tennessee 38152-3460, (901) 678-2298 to obtain any or all of the information. All other Student Right to Know information is available online at www.enrollment.memphis.edu/registrar under the student menu.

SIGNATURE AND DATE

I certify that none of the information provided on this application is false or has been withheld. I also acknowledge understanding that giving false information or withholding information may make me ineligible for admission to the University of Memphis.

X

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE**STATEMENT OF PROCEDURE**

All credentials become the property of the University and cannot be forwarded or returned.

NOTE: Credentials will be maintained in active files for a 12-month period. After this period credentials will be relegated to inactive status and must be submitted again before an admissions decision can be made.

Admission Action:

Approved: _____ Date: _____

Not Approved: _____ Date: _____

The University of Memphis is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award bachelor's, first professional, master's, educational specialist's and doctor's degrees.

The University of Memphis is one of 46 institutions in the Tennessee Board of Regents system, the seventh largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for this system which is comprised of six universities, 14 two-year colleges and 26 Tennessee Technology centers. The TBR system enrolls more than 80 percent of all Tennessee students attending public institutions of higher education.

The University of Memphis offers equal education opportunity to all persons without regard to age, race, religion, sex, creed, color, national origin or disability. The University does not discriminate on these bases in recruitment and admission of students or in the operation of any of its programs and activities, as specified by federal laws and regulations. The designated coordinators for University compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 are the Vice President for Student Affairs and the Equal Employment Compliance Officer. Information in this document will be provided in alternate format upon request. The University of Memphis is an Equal Opportunity/Affirmative Action university. It is committed to education of a non-racially identifiable student body.

TUBERCULOSIS TEST RESULT: NEW ADMISSIONS REQUIREMENT for students born outside the U. S.

Beginning in academic year 2009, a new immunization requirement was implemented by the University of Memphis. If you were born in any of the countries listed below, you must submit the results of a TUBERCULOSIS SKIN TEST. These test results can be no more than six months old.

This test can be administered by your physician or by your local health department for a small fee.

To fulfill admissions requirements, if you were (1) born in any of the countries on the list and (2) have not had a skin test for tuberculosis performed within the last six months, you MUST have this test. Neither U.S. citizenship nor visa status is an issue. Whether you have had the test before is not an issue.

If you have questions about this requirement, or need further detail, please visit the University's International Admissions page at <http://www.memphis.edu/admissions/intladm.php> or contact Student Health Services at <http://saweb.memphis.edu/health/>.

Afghanistan	El Salvador	Malaysia	Sao Tome & Principe
Algeria	Equatorial Guinea	Maldives	Saudi Arabia
Angola	Eritrea	Mali	Senegal
Anguilla	Estonia	Marshall Islands	Seychelles
Argentina	Ethiopia	Mauritania	Sierra Leone
Armenia	Fiji	Mauritius	Singapore
Azerbaijan	French Polynesia	Mexico	Solomon Islands
Bahamas	Gabon	Micronesia	Somalia
Bahrain	Gambia	Moldova-Rep.	South Africa
Bangladesh	Georgia	Mongolia	Spain
Belarus	Ghana	Montenegro	Sri Lanka
Belize	Guam	Morocco	Sudan
Benin	Guatemala	Mozambique	Suriname
Bhutan	Guinea	Myanmar	Syrian Arab Republic
Bolivia	Guinea-Bissau	Namibia	Swaziland
Bosnia & Herzegovina	Guyana	Nauru	Tajikistan
Botswana	Haiti	Nepal	Tanzania-UR
Brazil	Honduras	New Caledonia	Thailand
Brunei Darussalam	India	Nicaragua	Timor-Leste
Bulgaria	Indonesia	Niger	Togo
Burkina Faso	Iran	Nigeria	Tokelau
Burundi	Iraq	Niue	Tonga
Cambodia	Japan	N. Mariana Islands	Tunisia
Cameroon	Kazakhstan	Pakistan	Turkey
Cape Verde	Kenya	Palau	Turkmenistan
Central African Rep.	Kiribati	Panama	Tuvalu
Chad	Korea-DPR	Papua New Guinea	Uganda
China	Korea-Republic	Paraguay	Ukraine
Colombia	Kuwait	Peru	Uruguay
Comoros	Kyrgyzstan	Philippines	Uzbekistan
Congo	Lao PDR	Poland	Vanuatu
Congo DR	Latvia	Portugal	Venezuela
Cote d'Ivoire	Lesotho	Qatar	Viet Nam
Croatia	Liberia	Romania	Wallis & Futuna Islands
Djibouti	Lithuania	Russian Federation	W. Bank & Gaza Strip
Dominican Republic	Macedonia-TFYR	Rwanda	Yemen
Ecuador	Madagascar	St. Vincent &	Zambia
Egypt	Malawi	The Grenadines	Zimbabwe

Source: World Health Organization Global Tuberculosis Control, WHO Report 2006, Countries with Tuberculosis incidence rates of > 20 cases per 100,000 population.

STUDENT HEALTH SERVICES
HEALTH HISTORY FORM

Please complete *both pages* in ink, and sign the Permission to Treat. Minors must have the Permission to Treat signed by parent/guardian. Note: This is a confidential record of your medical history and will be kept in this office. Information contained here will not be released to any person without your written authorization, except as required by law, subpoena or court order.

Name _____ Sex (Check one.) ☐ Male ☐ Female U #

Place of Birth (City, State, Country) _____ Age _____ Date of Birth _____

Permanent Address (Street, City, State, Zip) _____

Local Address (Street, City, State, Zip) _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____ Classification ☐ Student ☐ Faculty/Staff ☐ Visitor

Emergency Notification Name _____ Relationship to you _____

Cell Phone _____ Home Phone _____ Work Phone _____

Check here if you or any blood relative has had any of the following:

	You	Relative/Relationship
Alcohol or Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Allergies or Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Anemia or Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Mental or Emotional Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Suicide or Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Ulcer	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

DO NOT give your Social Security Number! You do not have a "U" number yet. It is assigned to you upon admittance. GSIS will provide this number to the Student Health Office.

Prior surgeries and dates _____

Prior major injuries and dates _____

Prior infectious diseases and dates (includes childhood diseases, Mono, TB, HIV, Hepatitis and Sexually Transmitted Infections) _____

List **all medications** you take routinely (include prescriptions, over-the-counter medicines, diet pills, inhalers, allergy shots, vitamins, supplements and birth control pills, shots or implants) _____

List **all allergies** you have including drug and non-drug allergies

Allergies (such as latex, nuts, bites or stings, etc.)

Type of Reaction (rash, hives, swelling, etc.)

Do you use tobacco? ☐ Yes ☐ No What form? _____ Usage per day? _____

Former smokers: How many cigarettes/day? _____ For how long? _____ How long ago did you quit? _____

Do you use alcohol (includes beer)? ☐ Yes ☐ No How often? _____ Usage per occasion? _____

Do you use drugs? ☐ Yes ☐ No What form? _____ How often? _____

Have you ever been treated for alcohol and/or drug abuse? _____

Permission to Treat

Permission is hereby granted to the Student Health Services healthcare providers and staff to proceed with any needed emergency and/or non-emergency treatment, examinations, immunizations and medical tests should medical or surgical attention be

This applies to on-campus treatment at the Student Health Center only. GSIS has a SEPARATE FORM for off-campus treatment, such as a private physician or hospital emergency room.

In the event of an illness or significant accident or injury, an attempt will be made by Student Health Services to contact your parent or legal guardian in the most expeditious manner possible. If said staff is unable to communicate with a parent or legal guardian, the treatment for the best interest of the Minor may be given. I (parent or legal guardian) further give Student Health Services staff permission to contact my son's/daughter's primary healthcare provider regarding past medical and medication history, if necessary.

Signature of Student _____ Signature of Parent/Guardian _____

(if student is under 18)

Date _____ Date _____

Send ORIGINALS ONLY. Keep a copy for your records.

Emergency Contact Information

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent/Guardian Contact Information

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

**STUDENT HEALTH SERVICES
HEALTH HISTORY FORM**

Please complete *both pages* in ink, and sign the Permission to Treat. Minors must have the Permission to Treat signed by parent/guardian. Note: This is a confidential record of your medical history and will be kept in this office. Information contained here will not be released to any person without your written authorization, except as required by law, subpoena or court order.

Name _____ Sex (Check one.) ☐ Male ☐ Female U # _____

Place of Birth (City, State, Country) _____ Age _____ Date of Birth _____

Permanent Address (Street, City, State, Zip) _____

Local Address (Street, City, State, Zip) _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email _____ Classification ☐ Student ☐ Faculty/Staff ☐ Visitor

Emergency Notification Name _____ Relationship to you _____

Cell Phone _____ Home Phone _____ Work Phone _____

Check here if you or any blood relative has had any of the following:

	You	Relative/Relationship	Remarks
Alcohol or Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies or Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia or Blood Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Mental or Emotional Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
Suicide or Attempt	<input type="checkbox"/>	<input type="checkbox"/>	
Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Prior surgeries and dates _____

Prior major injuries and dates _____

Prior infectious diseases and dates (includes childhood diseases, Mono, TB, HIV, Hepatitis and Sexually Transmitted Infections) _____

List **all medications** you take routinely (include prescriptions, over-the-counter medicines, diet pills, inhalers, allergy shots, vitamins, supplements and birth control pills, shots or implants) _____

List **all allergies** you have including drug and non-drug allergies

Allergies (such as latex, nuts, bites or stings, etc.)

Type of Reaction (rash, hives, swelling, etc.)

Do you use tobacco? ☐ Yes ☐ No What form? _____ Usage per day? _____

Former smokers: How many cigarettes/day? _____ For how long? _____ How long ago did you quit? _____

Do you use alcohol (includes beer)? ☐ Yes ☐ No How often? _____ Usage per occasion? _____

Do you use drugs? ☐ Yes ☐ No What form? _____ How often? _____

Have you ever been treated for alcohol and/or drug abuse? _____

Permission to Treat

Permission is hereby granted to the Student Health Services healthcare providers and staff to proceed with any needed emergency and/or non-emergency treatment, examinations, immunizations and medical tests should medical or surgical attention be necessary while the student is enrolled at the University of Memphis. I understand that under certain circumstances, transportation to an area hospital for diagnosis, treatment and possible hospital admission may be necessary. I also understand that the expenses incurred for medical care beyond that which is provided within Student Health Services are my responsibility.

In addition, if the student is a Minor, in the event of serious illness or significant accidental injury, an attempt will be made by Student Health Services staff to contact a parent or legal guardian in the most expeditious manner possible. If said staff is unable to communicate with a parent or legal guardian, the treatment for the best interest of the Minor may be given. I (parent or legal guardian) further give Student Health Services staff permission to contact my son's/daughter's primary healthcare provider regarding past medical and medication history, if necessary.

Signature of Student _____

Signature of Parent/Guardian _____

(If student is under 18)

Date _____

Date _____

Emergency Contact Information

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Parent/Guardian Contact Information

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

UNIVERSITY OF MEMPHIS CERTIFICATE OF IMMUNIZATION

TENNESSEE STATE LAW requires all students entering the University of Memphis to provide documentation showing their immunizations are up-to-date. Documentation must contain proof of 2 MMR and 2 Varicella immunizations or proof of immunity. The MMR is the combination immunization for the Measles, Mumps, and Rubella and the Varicella immunization is for Chicken Pox.

IMPORTANT NOTE: Acceptable documentation of immunizations must be submitted to Student Health Services before a student can register as a *full-time* student. Forms missing personal information, such as the Student ID number, will take additional processing time and will delay the student's ability to register for full-time credit hours.

NEW – Meningitis Immunization Requirement for New Students Living In Any University of Memphis Residence

The State of Tennessee requires all new students under the age of 22 who will be living in a University of Memphis residence to be immunized against meningococcal disease on or after their 16th birthday and provide proof of receiving this immunization. If this documentation is not provided, students will not be allowed to move into their residence.

NAME (Print) _____
(Last Name) (First Name) (Middle Initial)

Birth Date _____ Student ID# U _____ **GSIS will fill in this blank** Phone _____

Current Mailing Address _____
(Street) (City) (State) (Zip)

Semester Entering ☐ Fall ☐ Spring ☐ Summer **Year Entering** _____

MMR (Measles, Mumps, Rubella) Immunization

You are NOT required to complete this section of the form, if you were born before 1957, if you will be a part-time student, or if you graduated from a TENNESSEE high school in 1999 or after. Graduate Students may submit a copy of their TENNESSEE high school diploma showing they graduated in 1999 or after.

Date MM/DD/YYYY	Date MM/DD/YYYY
--------------------	--------------------

MMR (Measles, Mumps, Rubella) – 2 immunizations required.

Has immunity confirmed by the MMR titer lab test. A copy of the results for all three titer tests is required.

Varicella (Chicken Pox) Immunization

You are NOT required to complete this section of the form, if you were born before January 1, 1980 or if you will be a part-time student.

Date MM/DD/YYYY	Date MM/DD/YYYY
--------------------	--------------------

Varicella (Chicken Pox) – 2 immunizations required.

Documented history of Varicella (Chicken Pox) or Shingles from a health care practitioner.

Has immunity confirmed by the Varicella Zoster IgG lab test. A copy of the results for Varicella IgG Zoster test is required.

Meningitis Immunization

Before moving into their residence, new students under the age of 22 who will be living in a University of Memphis residence must provide documentation of receiving a Meningitis immunization given on or after their 16th birthday.

Date
MM/DD/YYYY

Meningitis – 1 immunization given on or after 16th birthday.

When immunizations are medically contraindicated, a physician must provide a signed written statement indicating which immunizations are contraindicated and why the immunizations are contraindicated.

Religious exemptions may be requested. An original signed and notarized statement, affirmed under penalties of perjury that the vaccination conflicts with the religious tenets and practices of the student must be submitted to Student Health Services.

HEALTH CARE PROVIDER CERTIFICATION:

Providers NAME (Print): _____ ADDRESS: _____

SIGNATURE of PROVIDER: _____ PHONE: _____

UNIVERSITY OF MEMPHIS CERTIFICATE OF IMMUNIZATION

TENNESSEE STATE LAW requires all students entering the University of Memphis to provide documentation showing their immunizations are up-to-date. Documentation must contain proof of 2 MMR and 2 Varicella immunizations or proof of immunity. The MMR is the combination immunization for the Measles, Mumps, and Rubella and the Varicella immunization is for Chicken Pox.

IMPORTANT NOTE: Acceptable documentation of immunizations must be submitted to Student Health Services before a student can register as a *full-time* student. Forms missing personal information, such as the Student ID number, will take additional processing time and will delay the student's ability to register for full-time credit hours. For questions concerning immunization requirements, please call Student Health Services at (901) 678-2287.

NEW – Meningitis Immunization Requirement for New Students Living In Any University of Memphis Residence

The State of Tennessee requires all new students under the age of 22 who will be living in a University of Memphis residence to be immunized against meningococcal disease on or after their 16th birthday and provide proof of receiving this immunization. If this documentation is not provided, students will not be allowed to move into their residence.

NAME (Print) _____
(Last Name) (First Name) (Middle Initial)

Birth Date _____ **Student ID#** U _____ **Phone** _____

Current Mailing Address _____
(Street) (City) (State) (Zip)

Semester Entering ☐ Fall ☐ Spring ☐ Summer **Year Entering** _____

MMR (Measles, Mumps, Rubella) Immunization

You are NOT required to complete this section of the form, if you were born before 1957, if you will be a part-time student, or if you graduated from a TENNESSEE high school in 1999 or after. Graduate Students may submit a copy of their TENNESSEE high school diploma showing they graduated in 1999 or after.

Date
MM/DD/YYYY

Date
MM/DD/YYYY

MMR (Measles, Mumps, Rubella) – 2 immunizations required.

Has immunity confirmed by the MMR titer lab test. A copy of the results for all three titer tests is required.

Varicella (Chicken Pox) Immunization

You are NOT required to complete this section of the form, if you were born before January 1, 1980 or if you will be a part-time student.

Date
MM/DD/YYYY

Date
MM/DD/YYYY

Varicella (Chicken Pox) – 2 immunizations required.

Documented history of Varicella (Chicken Pox) or Shingles from a health care practitioner.

Has immunity confirmed by the Varicella Zoster IgG lab test. A copy of the results for Varicella IgG Zoster test is required.

Meningitis Immunization

Before moving into their residence, new students under the age of 22 who will be living in a University of Memphis residence must provide documentation of receiving a Meningitis immunization given on or after their 16th birthday.

Date
MM/DD/YYYY

Meningitis – 1 immunization **given on or after 16th birthday.**

When immunizations are medically contraindicated, a physician must provide a signed written statement indicating which immunizations are contraindicated and why the immunizations are contraindicated. The letter may be faxed to our office at (901) 678-3124 or (901) 678-1359.

Religious exemptions may be requested. An original signed and notarized statement, affirmed under penalties of perjury that the vaccination conflicts with the religious tenets and practices of the student must be submitted to Student Health Services.

HEALTH CARE PROVIDER CERTIFICATION:

Providers NAME (Print): _____ ADDRESS: _____

SIGNATURE of PROVIDER: _____ PHONE: _____

Please return to:

STUDENT HEALTH SERVICES, UNIVERSITY OF MEMPHIS, MEMPHIS, TN 38152 or fax this form to 901-678-3124 or 901-678-1359.

Meningococcal Meningitis and Hepatitis B Immunization Health History Form

This form requires TWO
SIGNATURES.

Name: _____
Last First MI

Date of Birth: _____ U of M ID #: U _____ Phone: (____) _____
Month/Day/Year

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

The law does not require that students receive vaccination for enrollment. Furthermore, the institution does not provide vaccination and/or reimbursement for the vaccine.

DO NOT give your
Social Security Number!
This is number you do
not have yet. It is
assigned to you upon
admittance. GSIS will
provide this number to
the Student Health
Office.

A. Hepatitis B (HBV)

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. **Choose an option:** 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 lifelong immunity in most cases.

____ I hereby certify that I have read this information and I have received the complete three dose 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.

____ I hereby certify that I have read this information and I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.

Signature of Parent/Guardian (student is under 18): _____ Date: _____

B. Meningococcal Meningitis

Then sign and date:
SIGNATURE ONE

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.

Choose an option: on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC) recommends that early 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.

____ I hereby certify that I have read the information and I have received 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.

____ I hereby certify that I have read this information and I have elected to receive the vaccine for Meningococcal Meningitis.

Signature of Parent/Guardian (student is under 18): _____ Date: _____

For more information about Meningococcal Meningitis, please contact your local health care provider or consult the Center for Disease Control and Prevention (<http://www.cdc.gov/meningococcal/default.htm>).

Then sign and date:
SIGNATURE TWO

Send ORIGINALS ONLY. Keep a copy for your records.

Meningococcal Meningitis and Hepatitis B Immunization Health History Form

Name: _____
Last First MI

Date of Birth: _____ U of M ID #: U _____ 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 vaccination for enrollment. Furthermore, the institution is not required by law to provide vaccination and/or reimbursement for the vaccine.

A. Hepatitis B (HBV)

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.

____ I hereby certify that I have read this information and **I have received the complete three dose 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.**

____ I hereby certify that I have read this information and **I have elected to receive the Hepatitis B vaccine and/or I am in the process of receiving the complete three dose series of the Hepatitis B vaccine.**

Signature of Parent/Guardian (student is under 18): _____ Date: _____

B. Meningococcal Meningitis

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.

____ I hereby certify that I have read the information and **I have received 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.**

____ I hereby certify that I have read this information and **I have elected to receive the vaccine for Meningococcal Meningitis.**

Signature of Parent/Guardian (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].

PERSONAL INSURANCE INFORMATION

Student Name:

Responsible Party:

Primary Insurance:

Company Name:

Telephone Number:

Address:

Member Name:

SSN:

Employer Name:

Employer Address:

Policy Number:

Group Number:

Member Number:

Hospital Coverage at:

I certify that this information is correct,
complete and current, **AND IS VALID
FOR THIS STUDENT:**

Signature

Please attach a photocopy of the front and back of your health insurance card.

MEDICAL RELEASE

I, _____ am the parent/guardian of _____, a participant in the Governor's School for International Studies at The University of Memphis. As this student is a minor, I understand that the following release is required.

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 the University's Student Health Center is prepared to treat minor illnesses and injuries, and that coverage for this treatment is provided by the Governor's School for International Studies. I also understand that major treatment may be given in a hospital and that I will pay for these expenses or submit them for payment by my insurance company myself.

I understand that should a health emergency arise, I will be notified but that, 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 for medical emergency, I authorize the University to examine and treat this student in the same way students enrolled in the University are treated, with notification of parents dependent on the judgment of the physician. I authorize the use of medication prescribed by the University medical personnel.

I authorize the release of information specified on the Medical Information Form or information resulting from a health condition to appropriate medical personnel and to designated administrative staff of the Governor's School for International Studies. In addition, I hereby, for myself, my child, my heirs, assigns, executors and/or administrators, waive and release any and all rights and claims that I may have against The University of Memphis, the Governor's School for International Studies, its respective agents or employees, representative, successors, or assigns, for any and all medical expenses and injuries to my child or damages to any of his/her property which may be suffered in connection with my child's participation in the said activity. My child is participating voluntarily and with my permission.

I understand that I may revoke this authorization at any time in writing. I also understand that any release that has been made prior to my revocation and which was made based upon this authorization shall not constitute a breach of the named student's and I as the parent's or guardian's right to confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire at midnight on the final day ("check-out" day) of the Governor's School for International Studies, or upon withdrawal by student from the Governor's School for International Studies. Should I revoke this authorization before the stated ending date of the school, the named student shall be withdrawn immediately from the Governor's School for International Studies at The University of Memphis.

This release shall be constructed in accordance with the laws of the State of Tennessee. In signing this Agreement, I acknowledge that I have read it and understand it, and that I sign it voluntarily.

Signature of Student

Date

Signature of Parent

Date

NOTARY PUBLIC :

State of _____ Signature of Notary Public _____

County of _____ My Commission Expires _____

EMERGENCY CONTACT INFO *for*

Student's Name

Please list and provide detailed communication information for at least three people that GSIS staff could contact in the case of an emergency. Keep in mind that, in an emergency, speed in contact and accuracy in sharing of important information is vital. Please use the back of this form for additional notes or contacts.

Name of Individual(s) to Contact:

Relationship to Student:

Best Time(s)/Dates to Contact:

CONTACT INFO:

Home Phone:

Work Phone:

Mobile Phone:

Pager:

Other (*specify*):

Other (*specify*):

Other (*specify*):

Street Address:

Name of Individual(s) to Contact:

Relationship to Student:

Best Time(s)/Dates to Contact:

CONTACT INFO: Home Phone:

Work Phone:

Mobile Phone:

Pager:

Other (*specify*):

Other (*specify*):

Other (*specify*):

Street Address:

Name of Individual(s) to Contact:

Relationship to Student:

Best Time(s)/Dates to Contact:

CONTACT INFO: Home Phone:

Work Phone:

Mobile Phone:

Pager:

Other (*specify*):

Other (*specify*):

Other (*specify*):

Street Address:

Call 1st

Call 2nd

Call 3rd

RULES AND REGULATIONS

Welcome to the Governor's School for International Studies. As a student of International Studies, you will discover much over the next several weeks. We are glad that you have made the decision to come to learn, and we want to be sure that you have fun while you are here. Below are the Rules and Regulations for this year's Governor's School for International Studies. These regulations have been compiled after careful consideration to provide you with basic guidelines that will ensure your safety and comfort during your stay. Keep in mind that peaceful interaction among nations is predicated on mutual respect. This respect is one of the major tenets of developing acceptable international relations. This same principle applies to the relationships among individuals. When irresponsible behavior is exhibited, tensions develop and misunderstandings arise. When individuals show a lack of respect for others, communication and learning strategies break down.

We ask that you and your parent(s) discuss as a family the following rules and regulations, which have been developed to support the cooperative and productive environment we want to maintain at Governor's School. Both parties are then asked to sign the form, indicating that both you and your guardian(s) understand what is being asked of you, and that you assume responsibility to abide by these rules.

PERSONAL BEHAVIOR

1. You should cooperate, comply with and be courteous to all staff members of The University of Memphis and the Governor's School, including resident counselors, instructors, and guests. As representatives of the Governor's School and The University of Memphis, you are also expected to be courteous to fellow students. Personal decorum is expected at all times.
2. Attendance at all GSIS scheduled events is mandatory. Any exception to this policy must be reported immediately to either the director or associate director. If a situation requires you to be absent from a class, meeting, or special event, report to the appropriate staff member. He/She will write an explanation to the director.
3. Free time activities are limited to those areas designated. Any time you leave the immediate campus area, you must be accompanied by at least one other GSIS student or staff member, or a parent or guardian; you must follow the sign-out procedure each time. No activities beyond the restricted area are permitted without the explicit approval of the director or assistant director or when you are in the company of a parent or guardian.
4. GSIS name badges will be worn at all times.
5. Under no circumstances may you drive or ride in/on any vehicle unless specifically authorized by the director or associate director. Bringing a personal vehicle to GSIS is strongly discouraged. Those who bring an automobile will be charged a parking fee, must turn in their car keys to the director, and will not have personal use of that automobile for the duration of GSIS. The keys will be returned to you after you have satisfactorily checked out from Governor's School.
6. You may bring cell phones, however, their use is generally prohibited at all GSIS classes, meetings, activities, and events, unless such use is approved by individual instructors during their class/activity. In any case, cell phones should be set on "silent." The University, GSIS program, and/or staff are not responsible for lost or stolen cell phones. Pagers, beepers and laser pointers are completely prohibited. Unauthorized use and/or possession of the above items will result in confiscation until the end of GSIS and other possible disciplinary action.
7. Although assumed in the above statement on city, state, and federal law, the use and/or possession of any controlled substances or objects, including but not limited to tobacco, alcohol, drugs, explosives, fireworks, flammable materials, firearms, knives of any type, or any other item that could be construed as a weapon, is absolutely prohibited. IF IN DOUBT, LEAVE IT AT HOME. Any violation will result in immediate expulsion.
8. Students are welcome to bring their personal computers and related devices, and will have internet access. Students are expected to make appropriate use of internet materials and computer files. Inappropriate use will result in the loss of privileges and/or disciplinary action including expulsion. The University, GSIS program, and/or staff are not responsible for lost or stolen personal computing devices.

RULES AND REGULATIONS

RESIDENCE HALLS AND UNIVERSITY PROPERTY

9. Students are personally responsible for property damage to any university facility, equipment, or furnishings. Do not use any material that leaves a permanent mark when attaching objects to the wall, ceiling or furniture. Tampering with emergency equipment, including locks, fire alarms, fire hoses, and or fire extinguishers will result in expulsion.
10. Cooking in the residence hall rooms and the use of all heating elements is prohibited.
11. The residence hall area is closed to all non-GSIS participants. Students should report the presence of anyone other than GSIS or Residence Life personnel in the residence halls to a counselor or staff member.
12. Coed visitation in residence hall rooms is prohibited.
13. All GSIS students are to be in their own rooms at the time designated by the staff. Please check the daily schedule for times.
14. In the event of an emergency, you will cooperate fully with staff members' instructions. In any emergency, such as illness, injury, fire, etc., notify a staff member on duty immediately. Emergency numbers will be posted prominently in your GSIS notebook and in the dorms.

DISCIPLINARY PROCEDURES

1. Formal disciplinary action is reported in writing.
2. Disciplinary reports are submitted to the director and assistant director who takes appropriate action. This will normally involve meeting with the student. A copy of the disciplinary report is placed in the student file.
3. After repeated incidents or whenever deemed necessary by the director in consultation with Governor's School staff, parents or guardians of a student will be notified that the student is on disciplinary probation and faces expulsion from GSIS if such behavior persists. Disciplinary probation will involve some limitation of free-time activities.
4. A student may be expelled without disciplinary probation and without pre-notification of parent or guardian, either for a single incident (such as violation of controlled substance or damage to emergency devices) or for a pattern of misbehavior deemed sufficient by the director.

I have read and understand and agree to comply with the above rules and regulations.

Signature of Student

Signature of Parent or Guardian

Printed name of Student

Printed name of Parent or Guardian

Date

Date

Please keep a copy of this document for yourself

RELEASE/HOLD HARMLESS AGREEMENT

The University of Memphis (hereinafter referred to as "University"), through its Interdisciplinary Studies office will allow me to participate in the Governor's School for International Studies. I fully recognize that there are dangers and risks to which I may be exposed by participating in the Governor's School for International Studies. I understand and acknowledge that my participation in this event is voluntary.

1. **I PROMISE** NOT TO SUE THE UNIVERSITY, THE TENNESSEE BOARD OF REGENTS (TBR), AND/OR THEIR OFFICE OR EMPLOYEES FOR ANY INJURIES OCCURRING WHILE I AM PARTICIPATING IN THIS ACTIVITY.

In consideration for receiving permission to participate in this event, I release and covenant not to sue University, TBR, and/or their officers or employees (all hereinafter referred to as Releasees) from all claims related to any loss that may be sustained by me, including, but not limited to, loss of life, or to any property belonging to me, whether caused by the negligence of the Releasees or otherwise, while participating in Activity. I understand that this Release covers liability claims and actions caused entirely or in part by any acts or failures to act of the University, including but not limited to negligence, mistake, or failure to supervise by the Institution.

2. **I AM AWARE** OF THE RISKS OF CHOOSING TO PARTICIPATE IN THIS ACTIVITY, AND I ACCEPT RESPONSIBILITY FOR THESE RISKS.

This event has been explained to me, including the risks involved in participating, and I understand these risks. These risks include, but are not limited to, loss of the items I will be displaying as well as any other injuries sustained by me during the event. I voluntarily choose to participate in the event and voluntarily assume full responsibility for any risks of loss, property damage, personal injury, including death that may be sustained by me as a result of my participation in this event, whether caused by the negligence of the Releasees or otherwise. I understand that Institution does not have medical personnel available at the location of the activity. I therefore grant University permission to authorize emergency medical treatment, if deemed necessary by the University. I agree that University assumes no responsibility or liability for any injury or damage which might arise out of or in connection with such authorized medical emergency treatment. I further state that I have adequate health insurance necessary to provide for and pay for any medical costs that I may incur during or arising from my participation in this activity.

3. **I WILL** REIMBURSE RELEASEES FOR ANY COSTS THEY INCUR BECAUSE OF MY PARTICIPATION IN THIS EVENT.

I agree to indemnify the Releasees for any loss of costs, including medical bills, court costs and attorneys' fees, that they may incur due to my participation in this event, whether this loss is a result of the negligence of Releasees or otherwise.

4. **THIS AGREEMENT WILL** ALSO PREVENT MY FAMILY OR OTHER REPRESENTATIVES FROM SUING RELEASEES.

It is my intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased. This Agreement shall be deemed as a Release and consent not to sue regarding any claims these parties may have against Releasees relating to my participation in this event, whether these claims arise out of the negligence of Releasees or otherwise.

5. **IN THE EVENT THAT ANY PROVISION IN THIS AGREEMENT IS DEEMED TO BE UNENFORCEABLE**, THE REMAINING PROVISIONS SHALL CONTINUE IN FULL FORCE AND EFFECT. THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TENNESSEE WITHOUT REGARD TO ITS CONFLICT OF LAWS.

I HAVE READ THIS ENTIRE RELEASE; I FULLY UNDERSTAND IT; AND I AGREE TO BE LEGALLY BOUND BY IT.

This is a Release of Your Rights. Read Carefully Before Signing.

Participant Signature

Date

Print Name

Date of Birth

Parent or Guardian:

Signature Date

Print Name

PUBLICITY RELEASE

I hereby grant to the University of Memphis and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. I also grant rights for the publication of quotations and written remarks.

Student's Signature: _____

Student's Printed Name: _____

Address: _____

I certify that I am a custodial parent and have the aforementioned rights to assign.

Signature of
Parent or Guardian: _____

Print Name of
Parent or Guardian:

Address: _____

Date: _____

RELIGIOUS SERVICE ATTENDANCE

Permission to Attend Religious Services

There is a list of places of worship on the next page. You'll note that it will be possible to walk to many of these institutions – in the company another GSIS student or adult attached to the program.

If you wish to leave campus in order to attend religious services, we must have the following form on file that gives you permission to attend services at a particular institution with someone designated by your parents/guardians. ***Your parents MUST designate with whom you will leave.***

In all cases, students must return to campus in time to be present at the first activity of the day. This is usually at 1:30 or 2:00 p.m. Times may vary, and will be listed in the schedule you will receive on Opening Day.

Name of Student

has permission from _

Name and Relationship to Student (*please print*)

to be picked up by _

Name of Person

Telephone(s)

to attend religious services during Governor's School for International Studies.

They will be attending:

Name of Institution

Address of Institution

☐

will not be attending Religious Services while at Governor's School.

Parent/Guardian Signature

Date

Hint to Parents/Guardians: Keep a blank copy of this form. Your student's plans may change, and we still will need your permission for the new arrangement. You'll be able to fax this form in to GSIS.

Area Worship Services

Place of Worship	Day, Time, Service	Distance
Walking Distance - 2 miles and under		
Annuciation Greek Orthodox Church 573 North Highland Street (901) 327-8177 www.goann.tn.goarch.org	Sunday 9:00 AM Orthros 10:00 AM Liturgy	2 miles
Audubon Park Baptist 4060 Park Avenue (901) 324-5541	Sunday 9:00 AM Sunday School 10:30 AM Morning Service 6:00 PM Evening Service	1 mile
Christ United Methodist Church 4488 Poplar Avenue (901) 683-3521 www.cumcmemphis.org	Sunday 8:30 AM Traditional, Sanctuary 9:30 AM Communion, Wilson Chapel 9:30 AM Contemporary, Seabrook Hall 11:00 AM Traditional, Sanctuary 5:30 PM Vesper Service, Wilson Chapel	1.5 miles
Highland Street Church of Christ 443 South Highland Street (901) 458-3335	Sunday 9:00 AM Classes 10:15 AM Worship Service	.6 mile
Masjid Al-noor 3529 Mynders (901) 432-0761 www.masjid-alnoor.org	Daily Time Ranges for June 2011: 3:58 - 4:04; 5:45 - 5:49; 12:58 - 1:04; 4:45 - 4:51; 8:09 - 8:18; 9:53 - 10:05	.7 mile
Memphis Meeting of the Religious Society of Friends 3387 Walnut Grove Road (901) 274-1500 www.meeting@memphisfriends.org	Sunday 11:00 AM Silent Worship	1.2 miles
New Bethel Temple COGIC 3372 Park Avenue (901) 327-8515 www.nbtministries.com	Sunday 9:00 AM Intercessory Prayer 9:30 AM Spritual Growth Sessions 11:00 AM Morning Worship 7:00 PM Evening Worship	1.7 miles
New Olivet Baptist Church 3084 Southern Avenue (901) 454-7777	Sunday 9:30 AM Sunday School 11:00 AM Church Service 6:00 PM Church Service	1.9 miles
Second Church of Christ Scientist 3535 Central Avenue (901) 327-1318	Sunday 11:00 AM Sunday School (to age 20) 11:00 AM Church Service	.3 mile

Area Worship Services

Place of Worship	Day, Time, Service	Distance
Second Presbyterian 4055 Poplar Avenue (901) 454-0037 www.2pc.org	Sunday 8:15 AM Church Service 9:30 AM Sunday School 11:00 AM Church Service	.7 mile
St. Ann's Catholic Church 706 South Highland Street (901) 323-3817 www.stannehighland.net	Sunday 8:00 AM & 10:30 AM Mass Saturday 3:15 PM Sacrament of Penance 4:00 Vigil	1.1 miles
St. John's Episcopal Church 3245 Central Avenue (901) 323-8597 www.stjohnsmemphis.org	Sunday 8:00 AM & 10:30 AM Holy Eucharist, Alternating Rites I & II 5:30 PM Holy Eucharist, Rite II	.8 mile
St. Luke's United Methodist 480 South Highland Street (901) 452-6262 www.stlukesumc.org	Sunday 8:30 AM Church Service 9:30 AM Sunday School 10:50 AM Church Service	.9 mile
Third Church of Christ, Scientist 3535 Central Avenue 901-327-1318 www.csmemphis.com	Sunday 11:00 AM Worship Service	.3 miles
Driving Distance - over 2 miles *		
Baron Hirsch (Orthodox) 369 Winter Oak Lane (901) 683-7485	Friday 6:45 PM Shabbat Saturday 8:30 AM Shabbat 5:00 PM Youth Service	4.8 miles
Bellevue Baptist Church 2000 Appling Road (901) 317-5480 www.bellevue.org	Sunday 8:00, 9:30 & 11:00 AM Life Groups 9:30, 11:00 AM & 6:00 PM Worship Services	8.5 miles
Berclair Baptist Church 4584 Summer Avenue (901) 683-3585 www.BerclairBaptist@juno.com	Sunday 9:30 AM Sunday School 10:45 AM Worship 5:00 PM Evening Service	4.2 miles
Beth Sholom (Conservative) 6675 Humphreys Boulevard (901) 683-3591 www.bsholom.org	1st Saturday 9:00 AM - Starbucks Shabbat 10:00 AM - Shabbat 2nd, 3rd, 4th Saturdays 9:15 AM Shabbat	6.8 miles

* DISTANCE OVER 2 MILES: Transportation arrangements would have to be made to attend.

Area Worship Services

Place of Worship	Day, Time, Service	Distance
Blessed Sacrament Catholic Church 2564 Hale Avenue (901) 452-1543 www.chblessedsacrament.com	Saturday 4:00 PM Vigil Sunday - 8:30 AM Extraordinary Form 10:30 AM English 12:00 PM Spanish 2:00 PM Vietnamese	3 miles
Community of Faith Christian Church 751 North Trezevant Street (901) 452-5807	Sunday 11:00 AM Service	4.3 miles
First Congregational United Church of Christ 1000 South Cooper Street (901) 278-6786 www.firstcongo.com	Sunday 10:00 AM Cafe Congo 10:30 AM Worship	3.6 miles
First Unitarian Church of Memphis "The Church of the River" 292 Virginia Avenue West (901) 526-8631 www.churchoftheriver.org	Sunday 11:00 AM Worship Service	7.8 miles
Full Gospel Tabernacle 787 Hale Road (901) 396-9192 www.algreenmusic.com/fullgospeltabernacle.html	Sunday 9:45 AM Sunday School 11:30 AM Sunday Morning Service 4:00 PM Sunday Evening Worship (as scheduled)	12.1 miles
Gifts of Life Ministries 1542 Jackson Avenue (901) 972-7337 www.giftsoflifeministries.org	Sunday 8:00 & 10:15 AM Service	5.7 miles
Greater Imani Church and Christian Center 3034 Austin Peay Highway (901) 274-6711 www.greaterimani.org	Sundays 8:00 AM & 9:30 AM	8.4 miles
Greer Chapel AME Church 1480 Ash Street (901) 327-6510	Sunday 9:30 AM Sunday School 11:00 AM Worship Service	5.5 miles
India Cultural Center and Temple 12006 Hwy 64 East, Eads (901) 202-6067 www.icctmemphis.org	Monday - Friday (Morning) 8:00 AM - 12:00 PM Saturday & Sunday (Morning) 8:00 AM - 12:00 PM Monday - Sunday (Evening) 5:30 - 8:15 PM	19.5 miles
Lindenwood Christian Church (Disciples of Christ) 2400 Union Avenue (901) 458-8506 www.lindenwoodcc.net	Sunday 8:30 AM Chapel 10:40 AM W.O.W. (Wide Open Worship) 11:00 AM Sanctuary Service	3.2 miles

* Transportation arrangements would have to be made to attend.

Area Worship Services

Place of Worship	Day, Time, Service	Distance
Lord of Life Lutheran Church 6865 Poplar Pike (901) 754-0669 lordoflifememphis.com	Sunday 9:00 AM Traditional 10:15 AM Sunday School 11:15 AM Contemporary	6.6 miles
Masjid As-Salam/Muslim Society of Memphis 1065 Stratford Road 901.685.8906 www.memphismuslims.org	Daily	4.4 miles
Mississippi Boulevard Christian Church 70 North Bellevue Boulevard (Midtown Campus) 901.276.4214 www.theblvd.org	Sunday 8:30 AM Bible Study 10:00 AM Worship Service	5.4 miles
Prescott Memorial Baptist 961 Getwell Avenue (901) 327-8479	Sunday 9:30 AM Sunday School 10:45 AM Church Service	2.2 miles
Pu-Lin Buddhist Temple 3400 South Mendenhall Road (901) 370-5696 www.buddhamemphis.com	Friday 7:00 PM Meditation & Dharma	6.9 miles
Temple Israel (Reformed) 1376 East Massey Road (901) 761-3130 www.timemphis.org	Friday 6:15 PM Shabbat Saturday 8:45 - 9:45 AM Torah Study Saturday 10:00 AM Shabbat	5.2 miles
Tu Vien Quan Am Monastery 3500 South Goodlett Street (901) 362-8070 www.buddhamemphis.com	Friday 7:00 PM Meditation & Dharma	6.5 miles
Union Avenue Baptist Church 2181 Union Avenue (901) 276-5421 www.unionavenue.org	Sunday 10:50 AM Worship Service 9:30 AM Adult Bible Fellowship	3.6 miles

ADDITIONS/UPDATES

Latter Day Saints

4520 Winchester Road
(901) 363-5101

9:00 AM – 9:00 PM

6.7 miles*

Temple – Latter Day Saints

4199 Kirby-Whitten Road

Temple closed June 2– 16
www.lds.org

12.9 miles*

* Transportation arrangements would have to made to attend.

Parents and students should check to verify the times of services.

Mail **EVERYTHING** to:

Governor's School for International Studies
University of Memphis
107 Scates Hall
Memphis, Tennessee 38152