



The Florida State University
Center for Academic Retention and Enhancement

2015 Participation Agreement

Print Name: _____
(Last) (First) (M.I.)

FSU EMPLID Number: _____

Acceptance of Admission (please indicate your response with an "X" on the appropriate line)

I accept my offer of admission to The Florida State University through the Center for Academic Retention and Enhancement (CARE) Summer Bridge Program.

- *As terms of accepting admission into FSU through CARE, I agree to adhere to all policies and regulations of CARE, including attending scheduled classes, study sessions, mandatory tutorial lab hours, group activities, and other required meetings.*
- *I will work to maintain satisfactory academic progress and recognize that I may be assigned additional mandatory lab hours and advisor/coaching sessions to ensure my academic success.*
- *I will complete the Free Application for Federal Student Aid (FAFSA), and submit it, along with all necessary tax forms/proof of family income information.*

I WILL NOT attend The Florida State University. Please cancel my admission to FSU.

Terms of Admission/Enrollment

- *Students must reside in the designated CARE residence hall for the duration of the Summer Bridge Program. Students **WILL NOT** be allowed to live off-campus or in an on-campus residence not assigned by CARE or University Housing.*
- *Participation in activities, workshops, tutoring hours, and advising sessions organized by CARE are mandatory. Failure to attend CARE-related functions may result in dismissal from the CARE Summer Bridge Program.*
- *Students must adhere to the Academic Honor Policy at all times.*

Student Agreement: I certify that the information given in the CARE application is complete and accurate. I understand that to make false or fraudulent statements within the application may result in disciplinary action, denial of admission, and/or invalidation of credits or degrees earned. Should any of the information I have given change prior to my enrollment at the University, I shall immediately notify the Office of Admissions.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Submit the Participation Agreement using one of the alternatives listed below:

By Mail:
Office of Admissions
Florida State University
282 Champions Way
P.O. Box 3062400
Tallahassee, FL 32306-2400

By Fax:
(850) 644-0197

By Upload:
<http://care.fsu.edu/Participation>

By Email:
care@admin.fsu.edu