

FAMU/FSU Cooperative Program Application Instructions for FSU students

All students must complete the registration form in its entirety, obtain all required signatures, and submit the form to the registrar's office before the deadline. You will find the deadlines for each term on the FAMU/FSU Cooperative Program website (<https://registrar.fsu.edu/records/services/co-op>)

1. Complete the student information, education and contact information sections of the registration form.
2. Fill in the Requested Classes portion of the registration form. Obtain the FAMU instructor or department chair's signature for permission to enroll in the course(s)
 - Search for FAMU courses by clicking the **Schedule of Classes** tile under **Our Resources** on the FAMU Registrar webpage. (<https://www.famu.edu/academics/registrars-office/index.php>)
3. Take your form with the FAMU instructor/department chair signature(s) to your FSU Academic Dean's office to get their signature.
4. Obtain a copy of your immunization clearances from both FSU and FAMU's student healthcare centers (**this step is required for first time co-op students only, returning students may skip to step 5**).
 - Visit FSU's University Health Services office first to obtain your FSU immunization clearance. It is strongly recommended that you visit their office in person for this request. If you are unable to visit their office in person, please email registrar@fsu.edu for further instructions.
 - Take your FSU immunization clearance to the FAMU Student Health Services Center to obtain your FAMU immunization clearance. If you are unable to visit their office in person, please contact their office at 850-599-3779 for further instructions.
5. Submit your completed registration form (with the course instructor and your academic dean's office signatures included) along with your immunization clearances (first time participants only) to FSU Co-op representative Emily Hickey in the Office of the University Registrar via email to registrar@fsu.edu or in person to University Center A, Suite 3900.
 - **Incomplete registration forms will not be processed so be sure to submit all documents prior to the deadline. Please keep in mind it may take several days to obtain the instructor and dean's office signatures. Students who wait until the day of the deadline to reach out to instructors and/or their deans office will not be given an extension.**
6. The FSU Co-op representative will review your paperwork and then submit the application and supporting documents to the FAMU Registrar's Office for processing. The FAMU Registrar's office will enroll you in your requested classes once your application has been fully processed.

If you have any questions, please reach out to FSU Co-op representative Emily Hickey at registrar@fsu.edu

FAMU—FSU CO-Operative Program Registration

Florida State University

Office Of The Registrar
A3900 University Center
Tallahassee, FL 32306-2480
(850) 644-1050

Florida A&M University

Office Of The Registrar
735 Wahnish Way, C.A.S.S. Bldg., Suite #206
Tallahassee, FL 32307
(850) 599-3115

Home institution: ☐ FAMU ☐ FSU

Is this your first semester as a FAMU-FSU Co-op student? ☐ N ☐ Y *

***First time co-op students are required to provide a health clearance form with their registration. Your registration is otherwise subject to cancellation.** _____ Health clearance attached? _____

Student Initial

Co-op Rep

_____ Full SSN	_____ Last Name	_____ First Name	_____ MI
Term: ☐ Fall ☐ Spr ☐ Sum Year: _____	Date of birth ____/____/____ Mo. Day Year	_____ Race	_____ Gender
Residency Code*: F N T R E A ☐ ☐ ☐ ☐ ☐ ☐	U.S. State of Residence: _____ _____	Nation of Citizenship: _____ _____	

Education

Major: _____	Classification: ☐ FR ☐ SO ☐ JR ☐ SR ☐ GR	Degree pursuing: ☐ B ☐ M ☐ D _____
Highest degree awarded: _____ Grad Date: ____/____/____ Institution: _____		
Last university attended prior to FAMU/FSU: _____ Location: _____		
High school: Name, City, State (required): _____		
*see attached for definitions		

Contact Information

Email address: _____	
_____ Local Mailing Address, City, County, State, Zip	(____) ____ - ____ Phone number
_____ Permanent mailing address, City, County, State, Zip	(____) ____ - ____ Phone number

Requested Classes

Course				Class/Ref Number	Credit Hours	Meeting Days/Time	SU/ Letter	Permission Signature of FAMU (instructor/ dept chair)
Sess	Prefix	Number	Sec					

List Alternate Courses "A" in the event the first choice is closed.

Student's Signature

FSU Academic Dean's Signature
Form will not be processed without required Dean's signature.

FSU Co-Op Rep

FAMU—FSU Co-Operative Program Registration Code Definitions

Major:	Social Work, Math , Biology, etc
Race/Ethnicity	Caucasian Black/African American Asian American Indian Spanish American
Classification:	Senior, Junior, Sophomore, Freshmen, Graduate Special student (all levels)
Residency Code:	
<u>U.S Nationality Codes</u>	F Resident of Florida N Non-resident of Florida T Exception (military, in-state)
<u>Non - U.S. Nationality Codes</u>	R Resident alien, resident of Florida E Resident Alien, nonresident of Florida (out of state) A Temporary Visa, Alien (Out of state)
National Citizenship:	US, Japan, Korea, Guam, Africa (etc.)
