

## REGISTRAR'S OFFICE

1735 Crj gc'I kduqp Way, CASS Bldg., Suite #206 – Tallahassee, FL 32307  
Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

### FAMU/FSU Cooperative Program (Co-op)

- ❖ **You must be enrolled for at least one course at FAMU.**
- ❖ Tuition and fees for all your courses should be paid at FAMU.
- ❖ Registration for the course at FSU will appear on your transcript in iRattler,
- ❖ **ALL** drops and withdrawals are done through the FAMU Co-op Representative. NOT through FSU's Registrar's Office. Please see FAMU academic calendar for deadline.
- ❖ No special arrangement is required with the Financial Aid Office. However, your attendance must be reported for funds to be disbursed. **Please return the attendance form upon first day of attending class.**
- ❖ Your Grades will be calculated into your FAMU grade point average (G.P.A.).
- ❖ Grades will be posted by the Co-op Representative at the end of the term.
- ❖ **Additional fees may apply if you chose online classes at FSU (See course information on FSU website.)**
- ❖ **Please use the fillable feature when completing the application.**

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1. Complete the FAMU/FSU Registration Form available at [www.famu.edu](http://www.famu.edu). Access the Registrar website and the forms.
  2. Search for courses at [www.fsu.edu](http://www.fsu.edu) and access the FSU Registrar's Website under Registration Tools. Complete the 'Requested Classes' portion of the Co-op form.
  3. Obtain the permission signature of the FSU department chair or instructor for the course.
  4. Take completed form to your FAMU academic advisor and obtain the Dean's signature. Their signatures give you permission to take classes at FSU.
  5. Obtain a copy of your immunization record from the FAMU Health Center and take it to the Wellness Center at FSU. Get clearance for registration on FSU campus.
  6. Obtain a financial clearance from Student Financial Services at FSU (equivalent to our Student Accounts) to ensure that you do not owe FSU any money.
  7. Bring the completed registration form and application, stamped immunization record, and financial clearance to the Co-op Representative in the FAMU's Registrar's Office, FHAC Room 112.
  8. The "Proof of Attendance" form is enclosed within this packet. Once the instructor(s) have signed in their appropriate area, the student should return this packet via email ([registrardocs@famu.edu](mailto:registrardocs@famu.edu)) to the Registrars department.

If problems arise with your registration, you will be contacted using the information provided on your registration form.

**\*\* All documents are still required. To get immunization documents please sent an email to [healthcompliance@famu.edu](mailto:healthcompliance@famu.edu). (Please include your student ID & date of birth.)**  
**Any documents from FSU you may call 850-644-1050.**

## FAMU—FSU CO-Operative Program Registration

### Florida A&M University

Office Of The Registrar  
1735 Althea Gibson Way, CASS Bldg., Suite #206  
Tallahassee, FL 32307  
(850) 599-3115

### Florida State University

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

<b>Home institution:</b> FAMU FSU	<b>Is this your first semester as a FAMU-FSU Co-op student?</b> N / Y *
<b>*First time co-op students are required to provide a health clearance form with their registration. Your registration is otherwise subject to cancellation.</b>	
_____	_____
Student Initial	Co-op Rep

SSN: _____	Last Name _____	First Name _____	MI _____
Term: Fall Spr Sum Year: _____	Date of birth ____ / ____ / ____ <small>Mo. Day Year</small>	Race _____	Gender _____
Residency Code*: <b>F N T R E A</b>	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 ( <i>required</i> ): _____		
*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 FSU (instructor/ dept chair)
Sess	Prefix	Number	Sec					

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
FAMU Academic Dean's Signature  
Form will not be processed without required Dean's signature.

\_\_\_\_\_  
FAMU Co-Op Rep

## FAMU—FSU Co-Operative Program Registration Code Definitions

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

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We are pleased to receive your application for admission to Florida State University. Your responses to the following questions were left blank. Please submit this form, so that we may add this information to your file.

Yes No Are you currently, or have you ever been, charge with or subject to disciplinary action for scholastic or any other type of behavioral misconduct at any educational institution? You do not need to disclose academic dismissal, suspension, or probation for poor grades. However, you will be required to furnish FSU with a written explanation of the events(s) if there was academic misconduct (such as plagiarism or cheating) or behavioral misconduct, and tell us what you have learned from your past action(s).

Yes No Have you ever been charged with a violation of the law which resulted in, or if still pending could result in, probation, community service, a jail sentence, or the revocation or suspension of your driver's license (including traffic violations which resulted in a fine of \$200 or more)? You will be required to furnish FSU with a list of all violations, and include a statement telling us what you have learned from your past action(s).

Yes No Have you ever been charged with a felony (even if adjudication was withheld)? You will be required to furnish FSU with a copy of your criminal background history from each state in which the violation(s) occurred. If the violation(s) occurred in Florida, the criminal background history can be emailed to the Office of Admissions at [admsoffice@admin.fsu.edu](mailto:admsoffice@admin.fsu.edu) from the Florida Department of Law Enforcement ([www.fdle.state.fl.us](http://www.fdle.state.fl.us)). You will be required to furnish a statement telling us what you have learned from your past actions.

If your answer to any of the above questions is "yes," the University reserves the right to request additional information. If your records have been expunged pursuant to the applicable law, you are not required to answer yes to these questions. If you are unsure whether you should answer yes, we strongly suggest you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admissions.

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Signature of Applicant

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Social Security Number

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Date

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## PROOF OF ATTENDANCE

Spring	<input type="checkbox"/>	
Summer	<input type="checkbox"/>	<b>20</b>
Fall	<input type="checkbox"/>	

\_\_\_\_\_  
**FAMU's Student ID#**

\_\_\_\_\_  
**Current Term**

\_\_\_\_\_  
**Last Name**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**M.I.**

Prefix, Number & Section e.g. ENC 1102 001	Course Title	Instructor Signature(s)

Kindest regards,  
*Rosa Christie*  
 Rosa Christie

\_\_\_\_\_  
 Date