



Department of Educational Affairs
Research Studies Center, Ste. 230
Tel: 845-2339
Fax: 845-8178

STUDENT REGISTRATION FORM

_____ Social Security Number _____ Date of Birth _____

Name: _____
Last First Middle

Address: _____
Street City State Zip code

Phone: () _____ Email: _____

Citizenship: _____ If not USA, type of Visa _____

Please check one:

- Medical/Dental Student
- Nursing Student
- Graduate Student
- Undergraduate Student
- High School Student
- Non-student trainee
- Shadow – one day observation
- Summer Program - College
- Summer Program- High School

Name of School or Affiliated Institution: _____

Home School's Advisor's name: _____

Start Date: _____ End Date: _____

Will your experience at Roswell Park result in earned credit? Yes: _____ No: _____

Roswell Park Supervisor name: _____ Department _____

Emergency Contact:

Name: _____ Phone: _____

Signature of Trainee: _____ Date: _____