



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: \_\_\_\_\_