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2016 LSAMP Summer Scholars Participant Confirmation Form

* Required

Student ID *

This is your OSU issued student ID number - generally starts with 93

Last Name *

First Name *

Preferred First Name

If different from the name on record

T-shirt Size *

Cell Phone Number *

This will only be used by staff members to contact you during the program, if necessary

Dietary Restrictions

Please check all that apply

- Vegan
- Vegetarian
- Gluten Free
- Dairy Free
- Soy Free
- Other:

Food Allergies

Please list all food allergies you have

General Allergies or Medical Conditions

Please list any allergies or medical conditions that our staff should be aware of (This will be kept confidential among staff members)

Disability Accommodations

Please list any disability (physical or otherwise) accommodations that you will need to participate in the program

Emergency Contact Person *

Please list first and last name of the person you would like us to contact in the event of an emergency

Emergency Contact Person Relationship *

What is your relationship to this person?

- Parent
- Guardian
- Sibling
- Friend
- Other:

Emergency Contact Phone *

Phone number(s) where this person can be reached at any time

OSU Residence *

Please confirm the hall you will be living in this academic year

Please indicate the START session that you are registered to attend *

If you are not currently registered for a START session, please do so before completing this form

I agree to attend the Summer Bridge program in its entirety (Thursday, September 8th - Saturday, September 17th). *

I agree to follow all rules set forth by the program leaders (Faculty, Staff, and Student Peer Leaders) and agree to abide by the OSU Student Code of Conduct as soon as I arrive on campus. *

Student Code of Conduct can be found online at <http://oregonstate.edu/studentconduct/code/index.php>

I understand that failure to comply with the OSU Student Code of Conduct during the summer bridge program will result in appropriate consequences that include, but are not limited to, suspension or expulsion from the program, college, or university. *

Student Signature *

Please type your name in the box below verifying that you are providing this information to us with the intent of confirming your participation in the Summer Bridge Program.

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