STUDENT APPLICATION

PLEASE PRINT LEGIBLY

Email: _____

STUDENT: _____ _____ _____
Last   First   M.I.
Your legal name is required with middle initial if applicable
If you are in the system under a different name, and it is not noted on this form, you will not get access.

SCHOOL: _____

INSTRUCTOR: _____

STUDENT'S LAST 4 DIGITS OF SOC SEC NO: _____

STUDENT TYPE:_____
Example: Dietetic Intern, PharmD Clerk, Lab Student, MD Fellowship, PT/PTA Student, Rad Tech Student

HOSPITAL: _____

START DATE	STOP DATE	UNIT – Dept / Floor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All DATES and the HOSPITAL must be documented accurately
If the confidentiality agreement is not with this
application, you will not get access.

NOTE: IF AT ANY TIME THIS STUDENT BECOMES INACTIVE FOR ANY
REASON (FAILURE, RESIGNATION, ACADEMIC PROBATION, ETC.) IT IS
YOUR RESPONSIBILITY TO NOTIFY THE INFORMATION SERVICES DEPT AT
288-4357 IMMEDIATELY!