

**Chicago State University  
NIGMS-RISE PROGRAM**

**STUDENT EMPLOYMENT & CONSENT FORM\***

<b>1. Name (please print):</b>  _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>last</span> <span>middle</span> <span>first</span> </div>	<b>2. Current Address:</b>  _____ <b>street/apartment no.</b>  _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>city</span> <span>state, postal zip</span> </div>
<b>3. Mobile phone:</b>  _____	<b>4. E-mail (please print):</b>  _____
<b>5. CSU Identification Number (UID):</b> 900 - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>  Social Sec. No. (last 4 digits only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>6. Date &amp; Place of Birth:</b>  _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>month/day/year</span> <span>city</span> <span>state</span> </div>
<b>7. Citizenship (check one):</b> <input type="checkbox"/> US <input type="checkbox"/> other	<b>8. If "other" box checked, indicate visa status in the space below (a photocopy of the VISA is required).</b>
<b>9. Year enrolled at CSU:</b> _____ <b>Academic major (check one):</b> <input type="checkbox"/> biology <input type="checkbox"/> chemistry <input type="checkbox"/> physics  <b>Credit hours completed at CSU</b> ____ <b>Grade-point average</b> ____ <b>Anticipated graduation date:</b> _____	
<b>10. Signature:</b> _____ <b>Date:</b> _____  <i>I affirm that all of the above facts are correct to the best of my knowledge. I have received a copy of the RISE Program Regulations &amp; Guidelines and will adhere to these if appointed to the Program.</i>	

**PHOTOGRAPHY CONSENT FORM**

I, the undersigned, do hereby grant Chicago State University permission to take photographs of me during my participation in the RISE Program for use in the Program's website or publications or for any other appropriate purpose. Further, I relinquish and give to Chicago State University all right, title and interest I might have in the finished pictures, digital images, reproductions and copies of the pictures.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* NIH/NIGMS regulations require that to receive salary/wages support from the RISE program, students must be U.S. citizens or permanent residents and must be matriculated full-time in a biology, chemistry or physics baccalaureate degree program at CSU.

**AFTER COMPLETION, PLEASE BRING THIS FORM TO THE NIGMS OFFICE, ROOM SCI-222.**