Chicago State University

MBRS-RISE PROGRAM

STUDENT EMPLOYMENT INFORMATION & CONSENT FORM*

1. Name: _____ **last** **middle** **first**	2. Current Address: _____ **street/apartment no.** _____ _____ **city** **state, postal zip**
3. Home or Cell Phone:	4. E-mail:
5. CSU Identification Number (UID): 9 _ _ - _ _ - _ _ _	6. Date & Place of Birth: _____ _____ _____ **month/day/year** **city** **state**
7. Citizenship (check one): ☐ US ☐ other	8. If "other" box checked, indicate visa status in the space below (a photocopy of the visa is required). Visa status:
9. Year enrolled at CSU: _____ Academic major (check one): ☐ biology ☐ chemistry ☐ physics Credit hours completed at CSU _____ Grade-point average to date: _____	
10. **Signature:** _____ **Date:** _____ ***I affirm that all of the above facts are correct to the best of my knowledge.***	

PHOTOGRAPHY CONSENT FORM

I, the undersigned, do hereby grant Chicago State University permission to take photographs of me during my participation in the MBRS 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:** _____

*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 RETURN THIS FORM TO THE MBRS OFFICE, ROOM SCI-222.

Revised 09/03/09