

Department of Pediatrics

Acknowledgement Statement

I give permission for release of all pertinent school data to PSRP for the purpose of student selection and admittance.

I understand that seminar attendance and punctuality is mandatory. If I am sick or are unable to attend a seminar and/or research experience, I will notify my mentor.

I understand that PSRP will require a significant time commitment, and I agree to make attendance and participation my priority throughout the duration of PSRP.

I certify that all information provided on the PSRP application is complete and accurate and that I understand and agree to the above statements.

Printed Student Name: _____

Student Signature: _____

Date: _____

Please complete if student is under the age of 18:

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____