

Physics Research Experience for Undergraduates
Student Information Form
University of Rochester
Rochester, NY 14627

Please **PRINT**

Participant name: _____

In case of emergency, please contact:

Name: _____ Phone number(s): _____

Name: _____ Phone number(s): _____

Medical Insurance Carrier: _____ Policy ID #: _____

Please note below any medical conditions (for example, allergies) that could affect your participation in any way and so that we are better able to assist you in an emergency.

It is understood that I will perform research during the normal business hours of the University and that I will follow standard safety practices while in the laboratory and will direct questions regarding safety and procedures to the supervisor.

I understand that the group photo might be posted on the program website, and I also consent to having my name and project listed on the program website.

The following page has the place for your signature and includes basic ground rules.

It is important that all participants follow a few basic **ground rules**. We ask that you carefully read the following. Some of what you read below may seem obvious, but experience has shown that it is best to state expectations at the beginning.

- Attendance on time when expected is required.
- There are absolutely no illegal drugs or weapons allowed on campus.
- There is no smoking or vaping in any building or doorway on the University campus.
- Show respect to people and facilities, including fellow students, instructors, visiting speakers, all members of the University Community, classrooms, lab equipment, and all University property.
- No unwelcome physical contact, verbal comments, or cyber bullying will be tolerated.
- The use of cameras, imaging, or digital devices is prohibited where privacy is expected.
- Take responsibility for your own actions. Clean up after yourself.
- Speak up! If you have an idea or concern, let us know! Come with a positive attitude and an open mind. Be ready to learn and willing to try new things. If any problem arises, we will find a way to work them out.

I have completed the Information Form and read and understand these ground rules and agree to follow them.

Participant's signature

Date

Participant's name (print)