

PARENT / STUDENT AGREEMENT

Participants are expected to attend ALL scheduled events and continue to demonstrate an attitude that reflects a serious commitment to the program. Those who are tardy/absent, exhibit inappropriate behavior, and/or do not adhere to the guidelines of the program will be dismissed. Participants are expected to participate in a final presentation.

If selected for STEP and accept the offer of admission, I (Student Name) _____, agree to participate in the Academic Science and Technology Entry Program (STEP) – UP TO MEDICINE at the University of Rochester School of Medicine and Dentistry. As a participant, I will attend all* activities as scheduled, and I will be on time for all. I understand that my signature on this document constitutes an agreement between me and the University of Rochester School of Medicine and Dentistry.

Student Signature: _____ **Date:** _____

I/we (Parent(s)/Guardian(s)) _____ give permission to _____ (Student Name) to participate in the Academic Science and Technology Entry Program (STEP) – UP TO MEDICINE at the University of Rochester School of Medicine and Dentistry. I/we authorize the University of Rochester to obtain and review school records. I/we understand that all information will be kept confidential.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

*Please note, students who have more than two unexcused absences or three excused absences will be dismissed from the program.