



COLUMBIA

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

GOVERNMENT AND
COMMUNITY AFFAIRS

Summer Youth Employment Program (SYEP)
Department Registration Form

Name of Department/Administrative Office:

Address _____

Phone _____ **Fax** _____

Contact Person _____ **Direct Ext.** _____

Position/Title _____ **Email** _____

1. Description: Briefly describe the mission/purpose of your department/administrative office.

2. Learning Opportunity: Briefly describe learning opportunities in your department/administrative office for a SYEP participant.

3. Number of Participants: How many participants would you consider hosting?

4. Skills: List skills/abilities needed to work in your department/administrative office.

5. Comments/Concerns: Please list any comments or concerns you have regarding your role as a SYEP host and/or program participants.

***** Please return this form to Jahneille Edwards at gca@cumc.columbia.edu**