**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?

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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 Julia Hakim at gca@cumc.columbia.edu or by mail: P&S Box 112***