



Columbia University Medical Center
Office of 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 Clara N. Leon via fax at (212) 342-3914 or by mail: P&S Box 62