

D.C. STUDIES PARTICIPANT AGREEMENT FORM

Keep a copy of the Participant Agreement for your records. Please type, print, and sign this form, and turn it in with your application materials.

The undersigned acknowledges that he/she has read and understood in its entirety the terms and conditions set forth in the Program Description and the Participant Agreement, which apply to all participants of the D.C. Studies Program, SIUC. Failure to uphold the terms and conditions set forth and/or actively participate in the placement process may result in dismissal from the program.

Participant's Name: _____

Student I.D. Number (850 number, if known): _____

OR

Middle Name: _____

Gender: Male Female (For Housing Arrangement Purposes)

Present Address (Valid Until: ___/___/___)

Permanent Address:

Phone: () _____

Phone: () _____

Email: _____

Email: _____

Signature Of Participant: _____ **Date:** ___/___/___