

HISTEP - ORIENTATION

OMB Clearance Number: 0925-0299

Expiration Date: 30-Jun-2019

As a participant of the HiSTEP program, the OITE invites you and your parents / guardians to participate in one of the scheduled orientations. The HiSTEP orientation is designed to distribute and complete appointment paperwork, become acquainted with OITE staff members, and answer any questions or concerns. If you and your parents / guardians are unable to participate in an orientation, please contact the OITE as soon as possible.

STUDENT'S CONTACT INFORMATION

Student's First Name (Given Name):*

Student's Last Name (Family Name):*

Student's Preferred E-mail Address:*

Check Accuracy

Student's Phone Number:*

Check Accuracy

STUDENT'S RESEARCH INTERESTS

STEM-M Area of Interest:*

Research Interests:*

Short Biography:*

PARENT OR LEGAL GUARDIAN CONTACT INFORMATION

Parent or Legal Guardian First Name (Given Name):*

Parent or Legal Guardian Last Name (Family Name):*

Parent or Legal Guardian E-mail Address:*

Check Accuracy

Parent or Legal Guardian Phone Number:*

Check Accuracy

Relationship to the Student:*

EVENT PREFERENCES

Orientation Date - First Preference:*

Orientation Date - Second Preference:

Orientation Date - Third Preference:

[Submit Survey](#) [Cancel](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

