

**UHS Enrollment Form**

Name: **Benjamin Oren Goldman**  
Phone: **914/949-2250** Student Email: **bg502257@live.wpcsd.k12.ny.us**  
Address: **69 Grandview Avenue White Plains NY 10605 Westchester**  
Academic Standing: **Junior** HS Graduation Year: **2022**

Term: **Full Year**  
High School Name: **White Plains High School**  
Teacher's Name: **Fleming Kimberly B**  
Course: **ACAS 110 Intermediate Methods Research**  
Class Number: **1010**

We have reviewed the Student/Parent Guide and have read and understand the enrollment, financial and academic information pertaining to the registration of the UHS course referenced in this application. **SAVE A COPY** for your records. Incomplete applications will not be processed and will be subject to an incomplete registration fee or subsequently not accepted. **REGISTRATION WILL NOT BE PERMITTED AFTER THE WITHDRAWAL DEADLINE.** Once you submit this form, you are enrolled in the course and liable for the program fee. Grades received for UHS courses will result in a permanent academic record at the University at Albany.

Summer Science Research Only: I understand that this SUMMER science research course requires a minimum of 90 hours of work, which must be documented in my laboratory notebook by August 31<sup>st</sup>. Additionally, I understand that work with human subjects, human tissues, or previously collected human survey data requires IRB review and approval of a research plan before experimentation/research begins.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The teacher's signature indicates that the teacher approves of the student being enrolled in her/his UHS course listed above.

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Federal Reduced / Free Lunch Participants ONLY**

In order to certify your eligibility for a reduction in the UHS Program Fee, please have this form signed by your school's Principal or Guidance Counselor. **Forms without the appropriate signature will not be processed and you will be responsible for the full Program Fee. Reductions in the UHS Program Fee will not be honored after the end of the academic year.**

I certify that our records indicate that the student listed above either is participating or is eligible to participate in the Federal Reduced/Free Lunch Program.

Principal/Guidance (Printed Name): \_\_\_\_\_

Principal/Guidance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to the location below:

University in the High School Program  
University at Albany  
MSC 312  
1400 Washington Avenue  
Albany, NY 12222  
518-442-4148 (phone)  
518-442-4135 (fax)  
[uhs@albany.edu](mailto:uhs@albany.edu)