

University of Rochester Medical Center

Strong Memorial Hospital

Nursing Practice

Nurse Recruitment & Marketing

601 Elmwood Ave – Box 619-19

Rochester, NY 14642

Phone: (585) 275 - 3478

*FAX: (585) 756 - 5882

*E-Mail: smhnursingrecruitment@urmc.rochester.edu

Nursing Student Employment Request Form

Please check which program you are interested in: Summer Program (3 months)
 Winter Program (4 weeks)

Student Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

College/School Attending: _____

Graduation Date: _____ Grade Level: _____

Area(s) of Interest: _____

Length of Internship (Total # Hours Needed): _____

School Contact Name: _____ Phone: _____

Faculty Reference

Name: _____

Address: _____

Additional Comments:

*Return this completed form by mail or fax to the address above.