

St. John's Riverside Hospital
Cochran School of Nursing
Medical Library



STUDENT LIBRARY MEMBERSHIP APPLICATION

Please note that before any materials are checked out to patrons we ask that you complete a library membership application in order for the library staff to identify its patrons and track materials that are circulated from the library collection. We thank you in advance for your cooperation and patronage.

DATE: _____

NAME: _____
(Last name, First Name, Middle Initial)

ADDRESS:

Contact No.: _____

Email: _____

Expected Date of Graduation: _____

Please check and/or circle one:

CSN Student: ____ (Freshman, Sophomore, Junior, Senior)

CSN Alumni: ____

**Please submit completed form to the library staff, 4th Floor, Andrus Pavilion.
Thank you.**