

STANFORD UNIVERSITY DIVING CONTROL BOARD  
Hopkins Marine Station, Pacific Grove CA 93950  
(831) 655-6200; fax (831) 375-0693

**STANFORD DIVING PROGRAM APPLICATION**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please circle one:*

Undergraduate    Graduate    Post doc    Faculty    Staff

*Diving for a course?*

Course & instructor: \_\_\_\_\_

*Diving for research? (Note: file scientific diving plan for Diving Control Board approval)*

Lab, advisor: \_\_\_\_\_

**Person to notify in case of emergency:**

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

CERTIFICATIONS	ORGANIZATION	DATE	LOCATION
Basic scuba			
Advanced Open Water			
Rescue			
CPR			
1 <sup>st</sup> Aid			
O <sub>2</sub>			
Other:			

Total # dives to date: \_\_\_\_\_ Maximum depth: \_\_\_\_\_ Average depth: \_\_\_\_\_

Number of dives in past 12 months: \_\_\_\_\_ Date of most recent scuba dive: \_\_\_\_\_

**Diving Experience:**

Please list briefly the geographic areas and types of environments in which you have dived and describe the nature of your diving (*e.g.* photography, research, recreation...).

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I agree to carry out all diving under the auspices of Stanford University in accordance with the regulations of the Stanford University scientific diving program.

Diver's signature: \_\_\_\_\_

Date: \_\_\_\_\_