



APPLICATION FOR FELLOWSHIP SUPPORT

REQUESTED FELLOWSHIP APPOINTMENT TERMS (Check all that apply)

- Summer 2017 (6/1 - 8/31) Fall 2017 (9/1 - 1/15) Spring 2018 (1/16 - 5/31)

TYPE OF FELLOWSHIP (Check all that apply)

External Fellowships

- DOE CSGF
 HERTZ
 HHMI
 NDSEG
 NSERC
 NSF
 Other External Fellowship (_____)

Internal Fellowships

- MEMP
 NTP
 BIOASTRO

Other Fellowship (_____)

% SUPPORT REQUESTED (Check One)

- 100%
 75%
 50%
 25%
 Other (_____) specify %

Are you enrolled in the MIT Student Extended Insurance Plan (SEIP)? Yes No
(waived through MIT Medical)

All students with primary registration at MIT are automatically enrolled and must waive this additional insurance to avoid being billed. Cost of extended insurance may be covered as part of this award. Please contact Laurie Ward with questions.

NOTE: Students funded by 9 or 12 month Fellowships only need to submit one fellowship support form for the period. Please select all applicable terms

APPLICANT INFORMATION

Applicant's Name: _____			Date: _____
	Last	First	Middle
Program:	<input type="checkbox"/> MEMP	<input type="checkbox"/> SHBT	<input type="checkbox"/> MD
	<input type="checkbox"/> MD/PhD	<input type="checkbox"/> Other (specify): _____	
Term Address:	_____		MIT ID#: _____
	_____		Phone: _____
			Email: _____

RESEARCH AND ACADEMIC INFORMATION

Research Supervisor: _____	Phone: _____
Address: _____	Email: _____

Lab Name: _____	
Lab Institution: _____	Lab Phone: _____
Lab Address: _____	

Academic Advisor: _____

(Continued)

The following must be completed before appointment can be processed:

1. DESCRIPTION OF WORK

You must submit your research information on-line through the HST website each term. Instructions for submitting research can be found at: <http://hst.mit.edu/academics/financial-support/submit-research-topic>.

2. HUMAN SUBJECTS

Does your research involve human subjects as defined at <http://hst.mit.edu/academics/financial-support/human-subjects>?

<input type="checkbox"/> Yes, at MIT	<input type="checkbox"/> No	<input type="checkbox"/> Yes, at off-campus institution
Protocol Number: _____		Institution: _____
Date of last approval: _____		Date of cede review submission: _____

If "Yes", you must provide information requested. Consult <http://web.mit.edu/committees/couhes/> for details about how to obtain approval.

3. VERTEBRATE ANIMALS

Does your research involve live vertebrate animals or their tissues, for further details see <http://hst.mit.edu/academics/financial-support/vertebrate-animals>?

<input type="checkbox"/> No	<input type="checkbox"/> Yes	CAC Protocol Number: _____
		Date of last approval: _____

If "Yes", you must provide a protocol number assigned by the Committee on Animal Care (MIT's IACUC) and the date of last approval. Consult <https://web.mit.edu/comp-med/restrict/cac/overview.htm> (requires MIT web and personal certificates to access) for information about how to obtain CAC approval.

4. INVENTIONS, PUBLICATIONS AND COPYRIGHTS

This is a reminder that the MIT Inventions and Proprietary Information Agreement (IPIA) form, available at <http://tlo.mit.edu/forms/forms> and signed when you started HST, applies to this award.

5. Applicant's Signature: _____ Date: _____

FOR HST OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved _____	<input type="checkbox"/> Date: ____/____/____
<input type="checkbox"/> d/b updated	HST Academic Office	

HST Academic Office, E25-518
 77 Massachusetts Avenue, Cambridge, MA 02139
 Tel #: (617) 253-3609 Fax #: (617) 253-6692
 laurie@mit.edu

Deadlines:
 Summer 2017—May 26, 2017 • Fall 2017—August 25, 2017 • Spring 2018—January 26, 2018 • Summer 2018—May 25, 2018