



APPLICATION FOR FELLOWSHIP SUPPORT

REQUESTED FELLOWSHIP APPOINTMENT TERMS (Check all that apply)

- Summer 2018 (6/1 - 8/31) Fall 2018 (9/1 - 1/15) Spring 2019 (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

Other Fellowship (_____)

% SUPPORT REQUESTED (Check One)

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

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

(I waived it through MIT Medical)

All students with primary registration at MIT are automatically enrolled and must actively waive this 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	MIT ID#: _____	
	<input type="checkbox"/> MD/PhD <input type="checkbox"/> Other (specify): _____	Phone: _____	
Term Address:	_____	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?>

Yes, at MIT No 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?>

No 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://cac.mit.edu/about> (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/disclose-protect-your-intellectual-property/forms-protect-ip-rights> 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 2018—May 25, 2018 • Fall 2018—August 24, 2018 • Spring 2019—January 25, 2019 • Summer 2019—May 24, 2019