



APPLICATION FOR RESEARCH ASSISTANTSHIP (MD Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Fall Term (9/1 - 1/15) | <input type="checkbox"/> Standard |
| <input type="checkbox"/> Spring Term (1/16 - 5/31) | <input type="checkbox"/> Extended |
| <input type="checkbox"/> Other – Specify:
From _____ To _____ | <input type="checkbox"/> Other (_____) |
| <input type="checkbox"/> Fellowship Supplement
_____ | |
| (name of fellowship) | |

MIT Student Extended Insurance Plan (SEIP) Note: HST MD students are eligible for MIT SEIP under limited circumstances. Please contact Patty Cunningham or Laurie Ward for questions.

- MIT insurance Harvard insurance

APPLICANT INFORMATION

Applicant's Name: _____	Date: _____
Last First Middle	MIT ID#: _____
Term Address: _____	HVD ID#: _____
_____	Phone: _____
_____	E-Mail: _____

RESEARCH AND ACADEMIC INFORMATION

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

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

BILLING INFORMATION

<input type="checkbox"/> On Campus - MIT Project	1. _____ % Applied to Acct #: _____ 2. _____ % Applied to Acct #: _____
<input type="checkbox"/> Off Campus Project Form of Payment	Source of Funding: Federal grants (i.e. NIH, DOD) may require an approved billing agreement from the Institution to MIT.
<input type="checkbox"/> 1. PO #: _____	<input type="checkbox"/> 1. NIH Grant #: _____
<input type="checkbox"/> 2. Send Invoice or Check Request: Payment in full must be received before HST can process student award	<input type="checkbox"/> 2. Other Federal: _____
<input type="checkbox"/> 3. Billing Agreement with _____	<input type="checkbox"/> 3. Private: _____
	<input type="checkbox"/> 4. Discretionary Funding: _____
Contact Person: _____	Phone: _____
Billing Address: _____	Email: _____

