APPLICATION FOR RESEARCH ASSISTANTSHIP (PhD/SM Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS

- Summer 2015 (6/1 - 8/31)
- Fall Term 2015 (9/1 - 1/15)
- Spring Term 2016 (1/16 - 5/31)
- Other – Specify: From ________ To ________

☐ Fellowship Supplement

(name of fellowship)

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

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 appointment. Please contact Laurie Ward with questions.

APPLICANT INFORMATION

Applicant’s Name: ____________________________

Last First Middle Date: ______________________

Program: ☐ MEMP ☐ SHBT ☐ MD/PhD

☐ Other (specify): ____________________________

MIT ID#: ____________________________

HVD ID#: ____________________________

Term Address: ____________________________

Phone: ____________________________

E-Mail: ____________________________

RESEARCH AND ACADEMIC INFORMATION

Research Supervisor: ____________________________

Phone: ____________________________

Address: ____________________________

Fax: ____________________________

E-Mail: ____________________________

Lab Name: ____________________________

Lab Institution: ____________________________

Lab Phone: ____________________________

Lab Address: ____________________________

Lab Fax: ____________________________

Courses to be Taken During the term: ____________________________

BILLING INFORMATION

☐ On Campus - MIT Project

1. _____ % Applied to Acct #: ____________ 2. _____ % Applied to Acct #: ____________

☐ 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.

1. PO #: ____________________________

2. Send Invoice or Check Request: Payment in full must be received before HST can process student award

☐ Other Federal: ____________________________

3. Private: ____________________________

4. Discretionary Funding: ____________________________

Contact Person: ____________________________

Phone: ____________________________

Billing Address: ____________________________

Fax: ____________________________

E-Mail: ____________________________

(Rev. 3/26/2015)
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?

☐ No  ☐ Yes  

COUHES (MIT’s IRB committee) Protocol Number: __________________

Date of last approval: __________________

If “Yes”, you must provide a protocol number assigned by COUHES (MIT’s IRB) and the date of last approval. Consult http://web.mit.edu/committees/couhes/ for information about how to obtain COUHES 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://web.mit.edu/committees/cac/start.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://web.mit.edu/tlo/www/downloads/doc/IPIA.doc and signed when you started HST, applies to this appointment.

5. Applicant’s Signature: ___________________________ Date: __________________

By signing below the research supervisor indicates his/her agreement that:
• The information provided on this form is accurate;
• Student support costs will be paid via the method indicated on page 1;
• There are no restrictions on this work that could prevent the student from publishing their results in the form of a thesis. In the event that unanticipated publication restrictions occur due to the funding source indicated on this form, the research supervisor is responsible for providing an alternate source of funding that is not subject to such restrictions.

6. Research Supervisor’s Signature: ___________________________ Date: __________________

FOR HST OFFICE USE ONLY

☐ Approved  ☐ Not Approved  ☐ d/b updated  Date: ______/_____/______

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: