



APPLICATION FOR RESEARCH ASSISTANTSHIP (PhD/SM Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Summer 2017 (6/1 - 8/31) | <input type="checkbox"/> SM Level (Pre-Qual) |
| <input type="checkbox"/> Fall Term 2017 (9/1 - 1/15) | <input type="checkbox"/> PhD Level (Post-Qual) |
| <input type="checkbox"/> Spring Term 2018 (1/16 - 5/31) | <input type="checkbox"/> Full-Time (100%) |
| <input type="checkbox"/> Other – Specify:
From _____ To _____ | <input type="checkbox"/> Half-Time RA (50%) |
| <input type="checkbox"/> Fellowship Supplement
_____ | <input type="checkbox"/> Quarter-Time (25%) |
| (name of fellowship) | <input type="checkbox"/> Other (_____) specify % |

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: _____			Date: _____
Last	First	Middle	
Program: <input type="checkbox"/> MEMP	<input type="checkbox"/> SHBT	<input type="checkbox"/> MD/PhD	MIT ID#: _____
<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: _____	

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: _____

(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://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:** _____

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		
<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