



APPLICATION FOR RESEARCH ASSISTANTSHIP (PhD/SM Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Summer 2018 (6/1 - 8/31) | <input type="checkbox"/> SM Level (Pre-Qual) |
| <input type="checkbox"/> Fall Term 2018 (9/1 - 1/15) | <input type="checkbox"/> PhD Level (Post-Qual) |
| <input type="checkbox"/> Spring Term 2019 (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 staying enrolled in the MIT Student Extended Insurance Plan (SEIP)?

- Yes No (I waived through MIT Medical)

All students with primary registration at MIT are automatically enrolled and must actively 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"/> 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: _____

