



APPLICATION FOR FELLOWSHIP SUPPORT

REQUESTED FELLOWSHIP APPOINTMENT TERMS (Check all that apply)

- Summer (6/1 - 8/31) Fall (9/1 - 1/15) Spring (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
(No, I waived through MIT Medical)

Students with primary registration at MIT are automatically enrolled. If you have comparable insurance coverage from parent/spouse/partner, you can choose to waive MIT SEIP through MIT Student Health plans by the deadline. Contact Laurie Ward if you have 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"/> 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: _____
