



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
 NSF
 NDSEG
 NSERC

Internal Fellowships

- MEMP
 NTP
 OGE
 School of Engineering

% SUPPORT REQUESTED (Check One)

- 100%
 75%
 50%
 25%
 Other (_____) specify %

Other Fellowship (_____)

Are you staying enrolled in the MIT Student Health Insurance Plan (SHIP)? 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, it is advised you waive MIT SHIP 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: _____

(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, <https://hst.mit.edu/students/student-profiles> each term.

2. HUMAN SUBJECTS

Does your research involve human subjects as defined at https://hst.mit.edu/academic-programs/financial-support/human_research?

<input type="checkbox"/> Yes, at MIT	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes, at off-campus institution
MIT Protocol Number: _____		Off-campus Institution: _____
Date of last approval: _____		Date of last approval: _____
		Date of cede review submission: _____

If “Yes”, you must provide information requested. Consult <http://couhes.mit.edu/> for details about how to obtain approval.

3. VERTEBRATE ANIMALS

Does your research involve live vertebrate animals or their tissues, for further details see https://hst.mit.edu/academic-programs/financial-support/animal_research?

<input type="checkbox"/> No	<input type="checkbox"/> 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://cac.mit.edu/about> (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/disclose-protect-your-intellectual-property/forms-protect-ip-rights> and signed when you started HST, applies to this award.

5. Applicant’s Signature: _____ **Date:** _____

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