



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: _____

(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 <https://hst.mit.edu/academic-programs/financial-support/general-procedures>.

2. HUMAN SUBJECTS

Does your research involve human subjects as defined at <https://hst.mit.edu/academic-programs/financial-support/general-procedures/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://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/general-procedures/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://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:** _____

FOR HST OFFICE USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved _____	<input type="checkbox"/> Date: ____ / ____ / ____
HST Academic Office		
<input type="checkbox"/> d/b updated		

HST Academic Office, E25-518
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 Tel #: (617) 253-3609 Fax #: (617) 253-6692
 laurie@mit.edu

Deadlines:
 Summer 2020—May 22, 2020 • Fall 2020—August 21, 2020 • Spring 2021—January 22, 2021 • Summer 2021—May 21, 2021