APPLICATION FOR RESEARCH ASSISTANTSHIP (MD Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

- [ ] Fall Term (9/1 - 1/15)
- [ ] Spring Term (1/16 - 5/31)
- [ ] Other – Specify: From _________ To _________
- [ ] Fellowship Supplement

MIT Student Extended Insurance Plan (SEIP) Note: HST MD students are eligible for MIT SEIP under limited circumstances. Please contact Patty Cunningham or Laurie Ward for questions.

<table>
<thead>
<tr>
<th>MIT insurance</th>
<th>Harvard insurance</th>
<th>Other</th>
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</table>

APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Applicant's Name:</th>
<th>Date:</th>
<th>MIT ID#:</th>
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<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
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Term Address:

<table>
<thead>
<tr>
<th>MIT ID#:</th>
<th>HVD ID#:</th>
<th>Phone:</th>
<th>E-Mail:</th>
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RESEARCH AND ACADEMIC INFORMATION

<table>
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<tr>
<th>Research Supervisor:</th>
<th>Phone:</th>
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Address: 

<table>
<thead>
<tr>
<th>Address:</th>
<th>Email:</th>
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Lab Name:

<table>
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<tr>
<th>Lab Name:</th>
<th>Lab Phone:</th>
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Lab Institution: _______________ Lab Phone: ____________

Lab Address: 

BILLING INFORMATION

- [ ] On Campus - MIT Project
  1. _____ % Applied to Acct #: __________
  2. _____ % Applied to Acct #: __________

- [ ] Off Campus Project Form of Payment
  1. PO #: __________
  2. Send Invoice or Check Request: Payment in full must be received before HST can process student award
  3. Billing Agreement with _________
  4. Discretionary Funding: _________

Source of Funding: Federal grants (i.e. NIH, DOD) may require an approved billing agreement from the Institution to MIT.

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<th>PO #:</th>
<th>Phone:</th>
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<th>Contact Person:</th>
<th>Phone:</th>
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<th>Billing Address:</th>
<th>Email:</th>
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<th>Billing Address:</th>
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(Rev. 4/21/21)
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

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://couches.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: ________________

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: ________________