APPLICATION FOR RESEARCH ASSISTANTSHIP (PhD/SM Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

☐ Summer (6/1 - 8/31) ☐ SM Level (Pre-Qual)
☐ Fall Term (9/1 - 1/15) ☐ PhD Level (Post-Qual)
☐ Spring Term (1/16 - 5/31) ☐ Full-Time (100%)
☐ Other – Specify: _______________________________ ☐ Half-Time RA (50%)

☐ Fellowship Supplement

__________________________________________ ☐ Quarter-Time (25%)

(name of fellowship)

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)

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 SEIP through MIT Student Health plans by the deadline. Contact Laurie Ward if you have questions.

APPLICANT INFORMATION

Applicant’s Name: ____________________________ Last First Middle Date: __________

Program: ☐ MEMP ☐ MD/PhD MIT ID#: ____________________________ Phone: __________

Other (specify): ________________________________

Term Address: ________________________________ Email: __________________

RESEARCH AND ACADEMIC INFORMATION

Research Supervisor: ____________________________ Phone: __________

Address: _____________________________________ Email: __________________

______________________________________________

Lab Name: ____________________________ Lab Phone: __________

Lab Institution: ________________________________

BILLING INFORMATION

☐ On Campus - MIT Project 1. _____ % Applied to Acct #: _________ 2. _____ % Applied to Acct #: _________

☐ 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.

☐ 1. PO #: __________________ 1. NIH Grant #: __________________

☐ 2. Send Invoice or Check Request: 2. Other Federal: __________________

☐ Payment in full must be received before HST can process student award 3. Private: __________________


Contact Person: ____________________________ Phone: __________________

Billing Address: ____________________________ Email: __________________

(Rev. 4/1/2022)
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?

☐ 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://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?

☐ 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: _________________

HST Academic Office, E25-518
77 Massachusetts Avenue, Cambridge, MA 02139
Tel #: (617) 253-3609
taurie@mit.edu

Deadlines:
Summer 2022—May 20, 2022 • Fall 2022—August 19, 2022 • Spring 2023—January 6, 2023 • Summer 2023—May 19, 2023