



APPLICATION FOR RESEARCH ASSISTANTSHIP (PhD/SM Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Summer (6/1 - 8/31) | <input type="checkbox"/> SM Level (Pre-Qual) |
| <input type="checkbox"/> Fall Term (9/1 - 1/15) | <input type="checkbox"/> PhD Level (Post-Qual) |
| <input type="checkbox"/> Spring Term (1/16 - 5/31) | |
| <input type="checkbox"/> Other – Specify:
From _____ To _____ | <input type="checkbox"/> Full-Time (100%) |
| <input type="checkbox"/> Fellowship Supplement
_____ | <input type="checkbox"/> Half-Time RA (50%) |
| (name of fellowship) | <input type="checkbox"/> Quarter-Time (25%) |
| <i>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</i> | <input type="checkbox"/> Other (_____) specify % |

Are you staying enrolled in the MIT Student Health Insurance Plan (SHIP)?

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

APPLICANT INFORMATION

Applicant's Name: _____			Date: _____
Last	First	Middle	
Program: <input type="checkbox"/> MEMP <input type="checkbox"/> MD/PhD			MIT ID#: _____
<input type="checkbox"/> Other (specify): _____			Phone: _____
Term Address: _____			Email: _____

RESEARCH AND ACADEMIC INFORMATION

Research Supervisor: _____	Phone: _____
Address: _____	Email: _____

Lab Name: _____	
Lab Institution: _____	Lab Phone: _____

BILLING INFORMATION

<input type="checkbox"/> On Campus - MIT Project	1. _____ % Applied to Acct #: _____ 2. _____ % Applied to Acct #: _____
<input type="checkbox"/> 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.
<input type="checkbox"/> 1. PO #: _____	<input type="checkbox"/> 1. NIH Grant #: _____
<input type="checkbox"/> 2. Send Invoice or Check Request: Payment in full must be received before HST can process student award	<input type="checkbox"/> 2. Other Federal: _____
<input type="checkbox"/> 3. Billing Agreement with _____	<input type="checkbox"/> 3. Private: _____
	<input type="checkbox"/> 4. Discretionary Funding: _____
Contact Person: _____	Phone: _____
Billing Address: _____	Email: _____

(Continued)

The following must be completed before appointment can be processed:

1. DESCRIPTION OF WORK

You must submit your research information online 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 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 <u>cede review</u> 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: _____

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: _____

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