



## **APPLICATION FOR RESEARCH ASSISTANTSHIP (MD Students)**

	Fall Term (9/1 - 1/15)		П	Standard		
	Spring Term (1/16 - 5/31)			Extended		
	Other – Specify: From To			Other (	)	
	Fellowship Supplement					
	(name of fellowship)					
	MIT Student Extended Insura limited circumstances. Please c  MIT insuran	contact Patty Cunninghan	n or Lau <u>rie</u> V		tions.	er
	FORMATION					
pplicant's Nam	ne: Last	First	Middle		Date:	
	Last	1 1131	Middle			
erm Address:						
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	ID ACADEMIC INFORMATIO					
Research Supe	ervisor:				Phone:	
Address:					Email:	
Lab Name:						
Lab Institution:	: _ <del>_</del>				Lab Phone:	
Lab Address:						
LLING INFOR						
☐ On Campus		1 % Applied t	o Acct #:	2	% Applied to Acc	ct #:
	But at Francis Barrel	Source of Funding: agreement from the			, DOD) may require an	ı approved billinç
☐ Off Campus	Project Form of Payment	aureement nom the				
	Project Form of Payment	-				
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## (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: <a href="http://hst.mit.edu/academics/financial-support/submit-research-topic">http://hst.mit.edu/academics/financial-support/submit-research-topic</a>.

2. HUMAN SUBJECTS								
Does your research involve	human subjects as	defined at http://h	nst.mit.edu/academics/financ	cial-support/human-subjects?				
☐ Yes, at MIT		☐ No ☐ Yes, at off-campus institution						
Protocol Number:			Institution:					
Date of last approval:		<del></del>	Date of <u>cede review</u> submission:					
If "Yes", you must provide in approval.	nformation requested	d. Consult http://w	veb.mit.edu/committees/cou	hes/for details about how to obtain				
3. VERTEBRATE ANIMAL	LS							
Does your research involve support/vertebrate-animals		nals or their tissue	es, for further details see <a (mit's="" <a="" a="" and="" animal="" approval.="" assigned="" by="" care="" committee="" consult="" date="" href="https://cac.mit.edu/about" iacuc)="" last="" must="" number="" of="" on="" protocol="" provide="" the="" yes",="" you="">https://cac.mit.edu/about</a> (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 <a href="http://tlo.mit.edu/disclose-protect-your-intellectual-property/forms-protect-ip-rights">http://tlo.mit.edu/disclose-protect-your-intellectual-property/forms-protect-ip-rights</a> and signed when you started HST, applies to this award.								
5. Applicant's Signatu	re:			Date:				
<ul> <li>By signing below the research supervisor indicates his/her agreement that:</li> <li>The information provided on this form is accurate;</li> <li>Student support costs will be paid via the method indicated on page 1;</li> <li>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.</li> </ul>								
6. Research Superviso		Date:						
		FOR HST OFFIC	CE USE ONLY					
☐ Approved ☐ Not	t Approved	HST Acade		Date:/				
☐ d/b updated		Ho i Acauei	mic Office					

HST Academic Office, E25-518
77 Massachusetts Avenue, Cambridge, MA 02139
Tel #: (617) 253-3609 Fax #: (617) 253-6692
laurie@mit.edu

Deadlines: Summer 2019—May 24, 2019• Fall 2019—August 23, 2019 • Spring 2020—January 24, 2020 • Summer 2020—May 22, 2020

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