Harvard-MIT
Health Sciences & Technology

APPLICATION FOR FELLOWSHIP SUPPORT (MEMP Students)

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
- ☐ NSF
- ☐ NDSEG
- ☐ NSERC

Internal Fellowships
- ☐ MEMP
- ☐ NTP
- ☐ OGE
- ☐ School of Engineering

☐ Other Fellowship (_____)

% SUPPORT REQUESTED (Check One)
- ☐ 100%
- ☐ 75%
- ☐ 50%
- ☐ 25%
- ☐ Other (_____) specify %

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

☐ **Yes** ☐ **No** (waived through MIT Medical or have other)

**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 their published 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: _____
Last First

Mailing (term) Address: _____ **MIT ID#:** _____

_____ **Phone:** _____

_____ **EMail:** _____

RESEARCH AND ACADEMIC INFORMATION

Research Advisor: _____ **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, 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?

☐ **No**

☐ **Yes, at MIT**

Protocol Number: _____

Protocol end date: _____

☐ **Yes, at off-campus institution**

Off-campus Institution: _____

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:** _____

Protocol end date: _____

If "Yes", you must provide a protocol number assigned by the Committee on Animal Care (MIT's IACUC) and the protocol end date. 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:** _____

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