APPLICATION FOR RESEARCH ASSISTANTSHIP (MEMP Students)

REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)

☐ Summer (6/1 - 8/31)
☐ Fall Term (9/1 - 1/15)
☐ Spring Term (1/16 - 5/31)
☐ Other – Specify: ___________ From ___________ To ___________
☐ Full-Time (100%)
☐ Part-Time (_______) specify %
☐ Fellowship Supplement

(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 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 their published deadline. Contact Laurie Ward if you have questions.

APPLICANT INFORMATION

Applicant’s Name: ____________________ Last First Middle Date: ______________
Term Address: _____________________________________________________________
MIT ID#: ____________________ Email: ____________________

RESEARCH AND ACADEMIC INFORMATION

Research Supervisor: ____________________ Phone: ______________
Address: _______________________________________________________________
Lab Name: ____________________
Lab Institution: ____________________ Lab Phone: ______________

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 #: ____________________
  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: ____________________
Contact Person: ____________________ Phone: ____________________
Billing Address: __________________________________________________________
Email: ____________________

(Rev. 11/2/2023)
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?

☐ Yes, at MIT
☐ No

☐ Yes, at off-campus institution

MIT Protocol Number: ________________________
Date of last approval: ______________________

Off-campus Institution: ________________________
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: ______________