



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

RA Supervisor: _____ Phone: _____
Address: _____ Email: _____
Lab Name: _____
Lab Institution: _____ Lab Phone: _____

BILLING INFORMATION

☐ On Campus - MIT Project 1. _____ % Applied to Acct #: _____ 2. _____ % Applied to Acct #: _____
☐ Off Campus Billing Agreement Source of Funding: Federal grants (i.e. NIH, DOD)
☐ 1. NIH Grant #: _____
☐ 2. Other Federal: _____
☐ 3. Private: _____
☐ 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?

☐ Yes, at MIT

☐ No

☐ Yes, at off-campus institution

Protocol Number: _____

Off-campus Institution: _____

Protocol end Date: _____

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: _____

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. RA Supervisor's Signature: _____ Date: _____

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