



**APPLICATION FOR RESEARCH ASSISTANTSHIP (MEMP Students)**

**REQUESTED RESEARCH ASSISTANTSHIP APPOINTMENT TERMS (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Summer (6/1 - 8/31)                     | <input type="checkbox"/> Full-Time (100%)            |
| <input type="checkbox"/> Fall Term (9/1 - 1/15)                  | <input type="checkbox"/> Part-Time (_____) specify % |
| <input type="checkbox"/> Spring Term (1/16 - 5/31)               |  |
| <input type="checkbox"/> Other – Specify:<br>From _____ To _____ |  |

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**

<b>Applicant's Name:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>	<b>Date:</b> _____
<b>Term Address:</b> _____ _____	<b>MIT ID#:</b> _____ <b>Email:</b> _____

**RESEARCH AND ACADEMIC INFORMATION**

<b>RA Supervisor:</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____ _____	<b>Email:</b> _____
<b>Lab Name:</b> _____	
<b>Lab Institution:</b> _____	<b>Lab Phone:</b> _____

**BILLING INFORMATION**

<input type="checkbox"/> <b>On Campus - MIT Project</b>	1. ____ % Applied to Acct #: _____ 2. ____ % Applied to Acct #: _____
<input type="checkbox"/> <b>Off Campus Project Form of Payment</b>	<b>Source of Funding: Federal grants (i.e. NIH, DOD) may require an approved billing agreement from the Institution to MIT.</b>
<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: _____	<input type="checkbox"/> 4. Discretionary Funding: _____
<b>Contact Person:</b> _____	<b>Phone:</b> _____
<b>Billing Address:</b> _____ _____	<b>Email:</b> _____

(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?](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?](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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