HOWARD HUGHES MEDICAL INSTITUTE FELLOWSHIP

Acknowledgement and Release

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STUDENT

Name:_____ _____ _____ **Class:** _____
First **Middle** **Last**

I am applying to work as a Howard Hughes Medical Institute (HHMI) fellow with the faculty mentor listed below. I understand that submission of this form does not guarantee acceptance into the program.

If I am accepted into the HHMI fellowship program for the 2008-2009 academic year:

- I agree to complete **<u>one</u> / <u>two</u>** ***(CIRCLE ONE OF THESE OPTIONS)*** term(s) of an assistantship with the faculty mentor named below.
- I understand that I must work 7-12 hours per week in each term.
- I understand that I will receive a stipend two times per term (in the middle and at the end), contingent on my submission of the signed time forms by the given deadline.

_____ _____
Student Signature **Date**

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FACULTY MENTOR

Name:_____ **Department:**_____ **HB:**_____

I select the above-named student as my HHMI fellow and will supervise this student for one or two terms of a research assistantship (number of terms noted above in the student section) during the 2007-2008 academic year. I understand that submission of this form does not guarantee acceptance into the program.

If the student is accepted into the HHMI fellowship program:

- I will submit evaluations of my HHMI fellow at the end of each term of the assistantship.
- If my HHMI fellow is conducting research or other activities related to the assistantship in locations or at facilities that are controlled by Dartmouth, including but not limited to laboratory space, I will ensure that the student is aware of the appropriate practices within those facilities and complies with applicable policies regarding the use of the space, including safety related policies. If applicable, I will ensure that my HHMI fellow completes the on-line Environmental Health and Safety Training Module before beginning the assistantship.
- If the HHMI fellowship involves human subjects research, interviews, or survey procedures, I understand that I am the Principal Investigator for the project and responsible for obtaining approval from the Committee for the Protection of Human Subjects (CPHS). I will ensure that my HHMI fellow completes the appropriate Institutional Review Board educational sessions.

_____ _____
Signature **Date**

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Returned signed and completed form to the Office of Undergraduate Advising and Research, HB 6201
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