



Non-HMC Student Summer Research Registration Form 2024

Student Name: _____

Phone No.: _____ Email Address: _____

College During Academic Year: _____ Grad Year: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone No.: _____

Number of Weeks of Research: _____ (the standard research period is 10 weeks).

Stipend Amount: \$650.00/week **Research Period Start Date:** _____

If you are living off campus, please provide an address below for your check to be mailed to:

Mailing Address: _____

Student Signature: _____ Date: _____

Advisor's Name: _____

Advisor's Signature: _____

Research Funding Source: _____

Grant Worktag: _____

Please enter the title of the Student Researcher's project below:

Please submit this form to <https://forms.gle/7vCGM3KkPFqeFx4Z8>