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/7vCGM3KkPFgeFx4Z8