

PRINCETON UNIVERSITY
HIGH SCHOOL STUDENT RESEARCH PROPOSAL
(to be filled out by faculty mentor, student, and parent)

Student's Last Name: _____ First Name: _____
Proposed Dates of Participation: _____

Description of project the above student will be doing: _____

Please provide a summary of techniques this student is likely to use, as well as the materials and equipment in the laboratory which require particular care; these should be discussed with the student:

Techniques: _____

Materials and Equipment: _____

Note: Significant changes in the activities or scope of work described above will require re-submission and re-authorization

Does your laboratory use:

- | | | | |
|------------------------------|--|---------------------------------|--|
| Radioactive materials/X-rays | yes <input type="radio"/> no <input type="radio"/> | Biological/Infectious materials | yes <input type="radio"/> no <input type="radio"/> |
| Highly Toxic substances | yes <input type="radio"/> no <input type="radio"/> | Lab animals | yes <input type="radio"/> no <input type="radio"/> |
| Carcinogenic substances | yes <input type="radio"/> no <input type="radio"/> | Lasers | yes <input type="radio"/> no <input type="radio"/> |
| Ladders/Fall Hazards | yes <input type="radio"/> no <input type="radio"/> | High Voltage Equipment | yes <input type="radio"/> no <input type="radio"/> |

Please describe the student's involvement with the materials listed above (be specific):

Please describe the student's past lab science courses, lab experience, etc.

Please describe how the student will be supervised during the research experience, including the names of all individuals responsible for such supervision.

Please indicate which research spaces this student will have access, including the student's primary laboratory (include building and room numbers) and field research locations.

Certification

By signing below, the faculty member certifies that a *trained adult* (supervising lab member) will be in the laboratory with the student at all times. A *trained adult* is a laboratory employee, graduate student or post-doc who has received Laboratory Safety Training provided by EHS and any other training deemed necessary for the work being conducted, per EHS protocols. The student will not use or have access to radioactive materials, hazardous chemicals, carcinogens, infectious agents, lasers, laboratory animals and potentially hazardous equipment not listed on this form.

Department Chair

Signature: _____
Print Name: _____
Date: _____

Sponsoring Faculty Mentor

Signature: _____
Print Name: _____
Date: _____

Parent/Guardian

Signature: _____
Print Name: _____
Date: _____
Email: _____

Student

Signature: _____
Print Name: _____
Date: _____
Email: _____

Supervising Lab Member

Signature: _____
Date: _____

Print Name: _____
Email: _____

***For Molecular Biology Department proposals only, the chemical hygiene officer must review and sign this proposal. Mike Fredericks (609-258-1351, mfrederi@princeton.edu).

Molecular Biology CHO/DSM

Signature: _____
Print Name: _____
Date: _____

Please return completed form to the Office of the Dean for Research, 91 Prospect Avenue, Princeton University, Princeton, NJ 08540. Email df@princeton.edu; phone 609-258-5500; fax 609-258-5599.

EHS Use Only:

Required Trainings: Lab Safety Biological Safety Laser Safety _____ _____
All Required Trainings Completion Date: _____

Student has completed all appropriate EHS-based trainings to conduct research solely as defined within this proposal. Additional hazard/procedure specific training may be conducted by the lab research group.

EHS authorizing signature: _____ Date: _____