

**FAU College of Medicine
Research Student/Volunteer Acceptance Request**

A copy of the signed form must be submitted to the COM Dept. of Biomedical Science, room 343 or Dept. of Integrated Medical Science room 335b *BEFORE* you will be permitted to register for research/DIS credits or granted access.

Name: _____ Z#/ISO# _____ Date: _____

Phone #: _____ Email: _____

Volunteer Termination date _____ *Please see requirements for volunteers below*

DIS # credit hours _____ Termination date _____
(last day of semester)

Master's Thesis Program_____ If rotation, provide termination date_____

Ph.D. Program_____ If rotation, provide termination date_____

Workstudy Termination date_____

Name of Primary Investigator or Faculty: _____

If your PI does not have a lab in the COM building please provide the name of the collaborating College of Medicine PI: _____

(This collaborator is responsible for you while you are in the COM building.)

Will your project involve laboratory work? Yes No
If yes, you will be required to complete any safety or procedural training required for the laboratory.

Title of Project_____

Please give a brief description of the project on which you will be working:

Do you have any affiliation with anyone at FAU or in the College of Medicine?

No Yes *If yes, please provide details below.*

Do you have any affiliation with the funding sponsor of the project on which you will be working?

No Yes *If yes, please provide details below.*

Card Access Requested will be 24/7 unless otherwise specified. Check all that apply:

Building entrances

Common Labs

Loading dock

- *Access to the Gross anatomy lab or the Vivarium requires additional training and will NOT be granted using this form. Please see Coordinator of Lab Research for more information.*
- *Please note that Master's Non-thesis students will NOT be granted card access but are welcome to use the study areas during regular business hours.*

Volunteers only

Volunteers must complete & sign additional forms and undergo a background check:

- The FAU Volunteer Waiver and Release form at the link <http://www.fau.edu/hr/files/Volunteer-Risk-Waiver-Non-FAU.pdf>
- The Foreign National Information form available from the Coordinator of Lab Research, COM Room 328C.

Please attach both forms to this request. *Please note that the Foreign National Information form must be submitted even if you are a US Citizen (just fill in the applicable information).*

By signing this form the requestor agrees to the following: *check the boxes to indicate agreement*

not to use any common instrumentation until after s/he receives training
to sign up *in advance* for use so that others may schedule their experiments
to leave all facilities and equipment clean and in working order for others
to promptly report any malfunction

The requestor also agrees not to give access to equipment, labs, or the building to unauthorized people

Signature of requestor_____

Signature of COM Primary Investigator_____Date_____

If your PI does not have a lab in College of Medicine bldg, this signature should be his/her collaborator in COM.

Signature of COM Departmental Chair _____Date_____

Signature of COM Vice Dean_____Date_____

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