RIT | **Rochester Institute of Technology**

Graduate Research Assistant Domestic Remote Research Request

This form must be submitted and approved prior to start of remote Graduate Research Assistant (GRA) research outside of NYS or in NYC area. The Graduate Director must complete this form with AVP/ Dean approval and submit it to graforms@rit.edu. This form does not replace the GRA Payment Request form or any other forms required for a student to be in a GRA position.
ALL FIELDS MUST BE COMPLETED.

Student Name: **Student UID:**

Supervisor Name: **Department Number:**

Program Name: **Degree:**

Form Submitted By: **Date Submitted:**

Remote GRA research dates – start date must be entered. If you do not know when the student will return to campus or when the remote GRA research will end, you may leave this blank and contact us when the student returns or is no longer in the GRA position.

Start Date: **End Date:**

Address where GRA research will be completed

Street Address:

Town/City:

County (in US):

State:

Zip/Postal Code:

Reason for Request:

Research Project/Grant Name:

Grant Funding Source (e.g., PLIG, NSF, NIH, etc.):

Principal Investigator:

Is student working with Controlled Unclassified Information (CUI):   Yes   No

Is student using an RIT laptop: Yes   No

If no, how will data be accessed/transferred between locations (e.g., VPN, shared drive, e-mail, third party service:

Graduate Director/   **AVP/Dean Approval:**
PI Approval: