
College of Science
84 Lomb Memorial Drive
Rochester, N. Y. 14623-5604
585/475-7046 FAX: 585/475-2398

Summer Research Volunteer Approval Form

Name of Student Volunteer: _____

Is the student registered for Fall Semester? Yes No (Please circle one)

Is the student registered for summer semester courses? Yes No (Please circle one)

Is the student over 18? Yes No (Please circle one)

(If the student is under 18 the parents or guardians signature is required below acknowledging potential risks).

Parent Name (print): _____ Date: _____

Parent Name (signature): _____ Date: _____

Name of Faculty Mentor: _____

Period of volunteer research work: _____

Brief description of research plan.

Approvals:

I acknowledge that I am volunteering to do research during the summer semester as outlined in this Summer Research Volunteer Form. I further acknowledge that as a volunteer I am not considered an employee of RIT for any purposes and *I will not be entitled to any academic credits for this volunteer work.*

Student Signature _____

Faculty Mentor _____

Head of Academic Unit of the Faculty

Mentor _____

(Signature and date)

NOTE: The attached form is necessary for Non-RIT students. They will need to get a temporary RIT ID and temporary computer account to take the lab safety training course given by the Environmental Health and Safety Department. Online training is available at <http://finweb.rit.edu/grms/ehs/lab>. (Click on 'Lab Safety Training'.)

Copies to: Student, Faculty Mentor, Academic Unit Head, and Assistant Dean COS

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Revised 06_01_2017

1) Registrar's office

Eastman Hall (Building 1) First Floor

_____ will need to have a temporary RIT

identification card for the dates from _____ to _____.

2) ITS Service Desk

Gannett building (7B) room 1113

2) _____ will need to have a temporary computer

account for the dates from _____ to _____.

Signature: _____

Print: _____

Date: _____