

**PRINCETON UNIVERSITY
HIGH SCHOOL STUDENT RESEARCH PROPOSAL**

Student's Last Name: _____ First Name: _____
Starting Date: _____ Concluding Date: _____

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	yes <input type="radio"/> no <input type="radio"/>	Carcinogenic substances	yes <input type="radio"/> no <input type="radio"/>
Toxic & hazardous substances	yes <input type="radio"/> no <input type="radio"/>	Corrosive materials	yes <input type="radio"/> no <input type="radio"/>
Flammable substances	yes <input type="radio"/> no <input type="radio"/>	Lasers	yes <input type="radio"/> no <input type="radio"/>
Biological materials	yes <input type="radio"/> no <input type="radio"/>	Lab animals	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 in the laboratory, including the names of any individuals given responsibility for such supervision.

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

Certification

By signing below, the faculty member certifies that a *trained adult* will be in the laboratory with the student at all times that that student may be working with potential hazardous

materials and equipment. 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 Member

Signature: _____
Print Name: _____
Date: _____

Parent/Guardian

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

Student

Signature: _____
Print Name: _____
Date: _____
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.