



New Jersey Medical School

**PROPOSAL FORM FOR HIGH SCHOOL STUDENT TO CONDUCT RESEARCH  
OR WORK IN A RUTGERS, NEW JERSEY MEDICAL SCHOOL RESEARCH LABORATORY**

***PLEASE TYPE ALL INFORMATION***

New Submission

Re-submission

Date Submitted:

Student's Last Name:

Student's First Name:

Current School & Grade:

Student's date of birth (must be 16 years of age on start date):

Campus/Bldg/Rm where student will be working:

Anticipated hours/week:

Starting Date:

Concluding Date:

Give a detailed description of the student's research project. Include copies of methodology for procedures the student will use. Use extra sheets if necessary.

List the materials used in your lab. Include types of chemicals, biological agents, and radiological materials\*:

Please describe any direct involvement the student might have with the listed materials.

\*All students must take radiation safety training at the earliest possible time after they have started work – unless the student is working in a laboratory that uses radioactive materials, in which case this training must be done before work in the lab starts. All students must take REHS initial Laboratory Safety/Biosafety Training before beginning work in the laboratory. Note: Significant changes in the activities or scope of work will require re-submission and re-authorization.

What lab equipment will the student use?

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

Who will be responsible for direct day-to-day supervision of the student? List their name, title and contact information.  
(NOTE: This person cannot be the PI)

Has the completed [High School Form](#) and [Parent Consent & Insurance Form](#) been sent to the Research Office?  Yes  No (This must be done before the laboratory, biosafety or radiation safety committees reviews this proposal form)

**By signing below, I am certifying that a trained adult will be in the laboratory with the student at all times. (A trained adult means a laboratory employee, graduate student or post-doc who is up to date on all safety training requirements.) The high school student will complete required safety training (see bottom of page 1 of this form). Additionally, the student will not use or have access to infectious agents, primary human materials (e.g. human blood or patient samples), toxic chemicals and/or radioactive materials not listed on this form.**

**Sponsoring Faculty Member**

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Room & Building \_\_\_\_\_  
Department \_\_\_\_\_

**Department Chair**

Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Room & Building \_\_\_\_\_  
Department \_\_\_\_\_

**Please send this completed form to your school's Research Office:**

---

**Rutgers, New Jersey Medical School**

**Office of Research**

185 South Orange Avenue  
Medical Science Building, C-690  
Newark, NJ 07103-2757  
Phone: (973) 972-7090  
Fax: (973) 972-3585  
Email: [Giovanna.comer@njms@rutgers.edu](mailto:Giovanna.comer@njms@rutgers.edu)

---

**Rutgers, Robert Wood Johnson Medical School**

**Office of Research and Sponsored Programs**

675 Hoes Lane, Room R109  
Piscataway, NJ 08854-8021  
Phone: (732) 235-4687  
Fax: (732) 235-5534

---

**Rutgers, Robert Wood Johnson Medical School-Camden**

**Office of Research Administration**

401 Haddon Avenue, Suite 150  
Camden, NJ 08103  
Phone: (856) 757-7877  
Fax: (856) 757-7735

---

Use this page if you need extra space to answer any of the questions
