

Application for Student Minors to Enter BU Laboratories

This form should be completed and submitted by the Program Director or the PI who is sponsoring the minor who wishes to participate in an educational opportunity in a Boston University Laboratory. The proposed activities must not begin until approval is received and the required trainings are completed.

SECTION 1

Faculty Sponsor or Program Director to complete this section

PRINCIPAL INVESTIGATOR INFORMATION

PI Name

PI Department

PI Email

Contact Person for PI (if different)

STUDENT INFORMATION

Student Name

Date of Birth

Age at start of proposed activities

Address

Address Line 2

Address Line 3

Address Line 4

Relationship to PI (if applicable)

Name of the BU sponsored program organizing the activity (if applicable)

Program Director or Program Head (if applicable)

PROPOSED ACTIVITIES

Description of proposed activities and educational goals, including a list of chemicals and/or materials to be used by the student during the program.

Note: Ongoing organized programs may alternatively attach their program summary document

Do the proposed activities involve any of the following? Please answer all.

YES	NO	
		Hazardous materials/activities (i.e. infectious materials, radioactive materials, hazardous chemicals).
		If Yes, please specify:
		Human subjects
		Animal research

NOTE: If you responded "Yes" to any of the above, please refer to Appendix B for the corresponding training requirements.

LABORATORY INFORMATION

Location and description of the laboratory where the educational experience will take place:

Building

Room

Proposed Stipend (if any)

Proposed Start Date

Proposed End Date

Person responsible for day-to-day lab supervision

SUPERVISORY INFORMATION

Supervisory plan for lab activities:

Note: Please include a description of the controls that will help to ensure the safety of the student (e.g., observation only, personal protective equipment, fume hood, biosafety cabinet).

Person responsible for ensuring that all training is complete before lab activity begins

CERTIFICATION

By checking this box, I certify that I have reviewed the Minors in Laboratories Policy and Protection of Minors Policy and Procedures will be responsible for following all policies and procedures related to the minor's participation in the proposed educational activities. I have received a copy of the parental consent form available at bu.edu/researchsupport/forms-policies/parental-consent-form-for-minors-entering-a-bu-laboratory, signed by the minor's parent or legal guardian. I understand that I will keep this document on file permanently, and will make it available for review upon request by an appropriate University department or unit.

Program Director / PI Signature

Date

EHS USE ONLY

Approved

Denied

Special Conditions — specify below

Signature

Date

