



**PROPOSAL FORM FOR HIGH SCHOOL STUDENT TO CONDUCT RESEARCH
OR WORK IN A UMDNJ 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 EOHSS 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 [Parental 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 and Building _____
Department _____

Department Chair

Name _____
Signature _____
Room & Building _____
Department _____

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

**New Jersey Medical School
Office of Research and Sponsored Programs**
185 South Orange Avenue
Medical Science Building C-690
PO Box 1709
Newark, New Jersey 07101-1709
Phone: (973) 972-7766/4568
Fax: (973) 972-3585
Email: njms-research@umdnj.edu

**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

**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

**School of Osteopathic Medicine
Office of Research and Sponsored Programs**
40 East Laurel Road, room 240
Stratford, NJ 08084-1501
Phone: (856) 566-6000
Fax: (856) 566 -6299

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