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| *Dept use only:*   *Remote Student Visitor*   *Hybrid Student Visitor*   *On-campus Student Visitor* | | | | |
| **Student Visitor Application** | | | | |
| **Proposed dates:**  through **:**  *(Please include anticipated end date)* | | | | |
| **How many hours per week** do you plan to devote to this research experience? **:**   (please do not include the time you would spend commuting) | | | | |
| **Personal Details** | | | | |
| **Last Name:** | **First Name:** | | | **Middle Name:** |
| **Gender:**  Female  Male | **When you plan on coming to McLean will you be a rising high school senior, undergrad or graduate student AND at least 16 years old?**  Yes  No | | | |
| **Are you a U.S. citizen or otherwise authorized to live in the United States?**  Yes  No | | | | |
| **Current visa status, if you are an international student:** | | | | |
| **Contact Information** | | | | |
| **Email:** | | | | |
| **Current street address:** | | | | |
| **City:** | **State:** | | | **Zip code:** |
| **Telephone – Home:** | | | **Telephone – Mobile:** | |
| **Permanent street address** (orcheck if same as above): | | | | |
| **City:** | **State:** | | | **Zip code:** |
| **Academic Information:**  ***If you are an enrolled student, please fill in the following information:*** | | | | |
| **Name of Academic Institution:** | |  | | |
| **Address and Telephone Number of Academic Institution:** | |  | | |
| **Years of Study:** | |  | | |
| **Expected Date of Graduation:** | |  | | |
| **Major/Field of Study:** | |  | | |
| **Are you planning to receive academic credit from your home institution?** | |  | | |
| **Current GPA** | | **Overall:**   **Major:** | | |

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| **Applicant Information** |
| Mentor/Supervisor name: **Diego Pizzagalli, Ph.D**  Mentor/Supervisor department/lab: **LATN** |
| 1. What are your research interests? |
| 1. Why are you applying to the Laboratory of Affective and Translational Neuroscience? |
| 1. What knowledge and/or skills have you acquired during your studies or previous work experience that has prepared you for this educational learning experience? |
| 1. What are your future professional goals and how will this educational learning experience assist you in fulfilling those goals? |
| 1. Explain the skills and knowledge you aim to acquire from this training program or educational learning experience? |
| 1. What do you perceive are your academic strengths? Any potential areas of improvements? |
| *\* Please include your resumé/CV when submitting this application.*  Applicant Signature:  *(You may type your name)*  Date of Signature:  Please return the completed application with a resumé/CV to David Crowley (djcrowley@mclean.harvard.edu) |

**Student classifications. Please discuss this with your Manager**.

1. \* **Remote Student Visitor** -These students will be remote only. We will on-board them similar to how they are now; HireRight background check, a few documents needing signatures, virtual HR orientation, but no Occ health required. ***These students are never allowed onto campus*.**
2. **Hybrid Student Visitor**-These students will be remote/on-campus. We will onboard them with a HireRight background check, a few documents needing signatures, virtual HR orientation and full Occ Health requirements. {Proof of a recent TB test, 2 doses of COVID vaccinations and 1 booster, and 2 doses of MMR vaccinations}.
3. **On-Campus Student Visitor**-These students will only be on-campus. We will onboard them with a HireRight background check, a few documents needing signatures, virtual HR orientation, and full Occ Health requirements. {Proof of a recent TB test, 2 doses of COVID vaccinations and 1 booster, and 2 doses of MMR vaccinations}.

Please note that all Hybrid and On-Campus students who are working at the Hospital during the period from October 1 to March 31 (or dates determined by Occupation Health Services), are required to have a seasonal flu vaccination