



**The form below is only for students currently in High School at time of application.**

To Whom it May Concern:

\_\_\_\_\_ (name of student), a student at

\_\_\_\_\_ (name of school), located at

\_\_\_\_\_ (school address), would like to participate in the Summer Research Program, a part of the Saturday Morning Science program at Baylor College of Medicine, for the summer of 2022. I understand that said student will be working in a research lab under the direction of a Principal Investigator at Baylor College of Medicine.

I approve of \_\_\_\_\_'s (name of student) participation in this research program, and I attest that their participation will not detract from or interfere with the student's regular course of studies.

Name of school official completing document:

\_\_\_\_\_

Role of school official: \_\_\_\_\_ Phone #: \_\_\_\_\_ Signature of school official:  
\_\_\_\_\_ Date: \_\_\_\_\_ Please affix school stamp or seal in the designated space  
below: