

School Form

The form below is only for students currently in High School at time of application. The form below is only for students currently in High School at time of application. It does not need to be filled out for students who have graduated high school or are in college or graduate school.

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 2023. 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: