

**2025 FIU Cardiovascular Summer Research Internship Program (CV-SRI)
Parental Consent Form**
Please read this 2-page form carefully and initial & sign where applicable.

Dear FIU CV-SRI Program Staff,

My son/daughter _____, Student ID# _____, is volunteering this summer of 2025 for a **minimum of 20 hours per week for eight weeks** (June 13th – August 8th) in a research facility overseen by a designated mentor who works as a faculty member at Florida International University. I understand that the FIU SRI Program will document hours served this summer and that they will count as community service hours towards graduation; this is an unpaid internship. *Please initial* _____

I/We understand that **no** transportation to the FIU campuses will be provided and that our son/daughter is willing and able to work at the specified designated times as agreed to between their research mentor and themselves. **They will fill out the volunteer forms as required by FIU and will complete all safety coursework prior to their internship start date by the deadline of June 13th.** *Please initial* _____

I/We understand our son/daughter has expressed a specific research interest and will meet with various FIU faculties to be interviewed by them and hopefully obtain a summer position within their research facility. We understand that in order to achieve success in this program, it is imperative to consistently spend time with your research group, attend program professional development workshops and intern meetings. Interns **will not** receive a certificate of completion with their certified hours if they do not **attend all program activities unless the student receives prior approval to miss a session.**
Please initial _____

We will take no more than 1 week of vacation during the internship **if authorized by the research mentor and staff and** will not schedule vacation during the last 2 weeks of the internship program (July 28th – August 8th) nor during Orientation. **Please do not apply for this internship if you are unable to attend orientation on June 13th or the symposium on August 8th from 9am – 4pm.** By signing this form, we agree to these attendance guidelines and to our child's participation.
Please initial _____

We will ensure that our child is punctual when reporting to their respective research groups and will put forth maximum effort when serving their hours. *Please initial* _____

Students participating in this program are periodically surveyed for feedback on the program activities. No identifying information is ever linked to their feedback. We aim to continuously improve our service to the students. Please initial your consent for your child to participate in surveys/questionnaires regarding the program.
Please initial _____

- We often take pictures during our workshops and end of program symposium. Please initial your consent for your child's picture to be included in FIU program-related brochures, website, and social media pages.
Please initial _____
- The CV-SRI Program Staff strives to ensure that each student participant has an enriching summer experience, and we encourage students to communicate with us about their experiences both good and bad. Knowing that some students are less inclined to speak up, if you are aware that your child (or you) is ever dissatisfied with any element of the program, you are encouraged to contact Program Coordinator, Asfa Siddiqui to discuss any issue they may be having. We are here for YOU! *Please initial* _____

Sincerely Yours,

Parent/Guardian Name (Printed) _____ **Date:** _____

Parent/Guardian Name (Signature) _____

Student Name (Printed) _____ **Date:** _____

Student Name (Signature) _____