The Museum at the Fashion Institute of Technology
Research Request Form for FIT Students

Department
(Please check all that apply.)
___ Costume ___ Accessories

Is this your first visit? ___ YES ___ NO

Student Information
Last Name: ___________________________________ First Name: _________________________________
Phone: ______________________________ Email: _______________________________________________

GRADUATE STUDENTS:
Major: ____________________________________________
Course: __________________________________________ Professor: _______________________________

UNDERGRADUATE STUDENTS:
Major: ____________________________________________
Course: __________________________________________ Professor: _______________________________
Professor Signature (required): ___________________________________________________________

Research Subject
Please provide a summary of your research request (please be as specific as possible, e.g. type of garment, designers, date range, etc.):


Research Availability
(Please provide several dates and times, as scheduling is subject to staff availability.)

Preferred appointment date/time: ___________________________________________________________
Alternate: ___________________________________________________________________________
Alternate: ___________________________________________________________________________

Project deadline: _____________________________________________________________________

For staff use only:
Confirmed date: _______/Time: ______
Classroom: ___ E226 ___ E227 ___ E230