



Fashion Institute of Technology
Seventh Avenue at 27 Street
New York City 10001-5992

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