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: _______________________________________________________________________

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For staff use only:
Confirmed date: _______/Time: ______
Classroom: ___E226 ___E227 ___E230