



## Admission Offer Response Form

### **IT Lab: Summer Security Intensive at Heinz College, Carnegie Mellon University**

Please complete this form and return it to Brittany Foster **via email** ([brittanf@andrew.cmu.edu](mailto:brittanf@andrew.cmu.edu)) no later than **the Response Deadline** listed in your offer of admission.

*Please type/print all requested information:*

**Name** \_\_\_\_\_

**Permanent Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Country** \_\_\_\_\_

**Gender**      ☐ Male      ☐ Female      ☐ \_\_\_\_\_      ☐ Prefer not to answer

**Mobile Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Are you a US Citizen or a Permanent Resident?**      ☐ Yes      ☐ No

**I will be at the above address until (MM/DD/YY):** \_\_\_\_\_. After that, please use this address: \_\_\_\_\_. By signing below, I accept the offer to attend Carnegie Mellon University's 2022 IT Lab Summer Security Intensive. (If you are accepting the offer of admission, you must also read, sign and return the attached "IT Lab Fellows Contract: Policies and Procedures" and the CMU COVID-19 Vaccine Attestation).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please keep us informed of any changes to your contact information so that we may keep in touch with you. Also, please do not hesitate to contact our office if you have any questions by emailing or calling Brittany Foster: [brittanf@andrew.cmu.edu](mailto:brittanf@andrew.cmu.edu) or 412-268-2555.

## **2022 IT Lab: Summer Security Intensive**

### **IT Lab Fellows Contract: Policies & Procedures**

This contract acknowledges that \_\_\_\_\_ (your name) has been selected as a fellow in the 2022 IT Lab: Summer Security Intensive at Carnegie Mellon University's Heinz College of Information Systems and Public Policy. **The IT Lab: SSI is dedicated to providing students with an opportunity to learn and improve their technical, quantitative and analytical skills essential to succeed in a master's degree program.** When students agree to participate in the IT Lab: SSI, they agree to the policies and procedures of Carnegie Mellon University (<http://www.cmu.edu/policies/index.html>) as well as Heinz College's IT Lab: SSI policies outlined below.

#### **2022 IT Lab: SSI fellows are expected to:**

- Attend **ALL** classes, exercises, sections, workshops, social events, and activities held Monday-Friday.
- Arrive **on time and be attentive to ALL** lectures, exercises, workshops, and other events. **Follow the instructions** given by administrators, instructors, faculty, guest lecturers, and staff.
- **Complete all academic work and assignments associated with the program on time**, including group assignments.
- **Live in on-campus housing** (Webster Hall Apartments) provided by IT Lab: SSI and **abide by all University housing policies and procedures.**
- **Maintain an atmosphere of respect** for the opinions, background, culture, age, ethnicity, gender identity, and sexual orientation of all administrators, instructors, guest lecturers, and fellow program participants.
- **Treat others as colleagues and not as competitors** to encourage others by setting a good example, and to work in equal and fair partnership with your colleagues on group assignments.
- **Ask questions and participate actively** in discussions both in class and outside the classroom.
- **Respect and care for University property** including but not limited to bearing responsibility for any damage or loss.
- **Refrain from employment or other time-consuming commitments** during the duration of the seven-week IT Lab SSI program (June 9 – July 30, 2022).
- **Adhering to the CMU COVID-related policies** (vaccination, reporting/communication, duration of quarantine, testing requirements, etc.) at the time of enrollment. **Including completing the CMU COVID-19 Vaccine Attestation form** (attached)

**Benefits IT Lab: SSI fellows can expect:**

- The following payments to be made directly to suppliers by Carnegie Mellon University on your behalf (in-kind payments):
  - o Required books and related course materials. Courses may include Introduction to Information Security, Data Management and Security, and Cloud Computing.
  - o One round-trip airfare ticket arranged by the University's travel agent (to/from Pittsburgh, PA).
  - o University housing (double room occupancy).
  - o University parking pass (if bringing a car to campus for the duration of the program).
- The following payments to be made directly to fellows by Carnegie Mellon University (non-qualified scholarship payments):
  - o Stipend of \$1,500. The stipend is a payment for the fellows to help with their living expenses during enrollment in IT Lab to take the place of potential earnings they gave up to participate in IT Lab rather than pursuing a job.
  - o Meal allowance of \$1,000.
  - o Reimbursement of round-trip mileage and tolls *if driving personal vehicle for the duration of the program*. Mileage and toll reimbursements only apply for travel to and from Pittsburgh and do not cover any mileage driven while in residence in Pittsburgh. Mileage will be reimbursed at the current IRS-approved Federal rate of \$0.56/mile.

The above amount totaling \$2,500 will be paid in two separate payments. If you submit the requested information forms on time (details will be sent later if you accept your offer), you will receive the first payment prior to your arrival in the amount of \$1,750 (50% of the stipend amount, which is \$750, plus 100% of the meal allowance, which is \$1,000). The second payment will be in the amount of \$750 (the remaining 50% of the stipend), which you will receive approximately four weeks after the program ends.

**As an IT Lab: SSI fellow, you are also responsible for the following:**

- If you are going to be late or miss any class, event, or activity, you must contact Randy Trzeciak, Director of IT Lab, prior to the class, event, or activity. Otherwise your absence or tardiness will be considered an unexcused absence.
- If you make any changes to your flight or travel plans, you are responsible for all additional costs and fees.
- If you lose your dormitory keys, you are responsible for the associated costs and replacement fees.
- If you lose your Carnegie Mellon University ID Card, you are responsible for paying the replacement fee.
- If you choose to leave the program before its end, you are responsible for all associated costs, including lodging, airfare, and stipend repayment.

You also understand that you can be dismissed from the IT Lab: SSI for violating any of the above policies or responsibilities. All decisions to dismiss are made by the Associate Dean, or his designee, and are final.

By participating in IT Lab: SSI you also allow your IT Lab: SSI application and records to be used by Carnegie Mellon University for recruitment and research purposes, and authorize Carnegie Mellon University to periodically obtain updated contact information from educational institutions that you have attended or may attend in the future.

My signature below acknowledges that I have read and understood the above, and that I freely commit to abide by this contract.

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Print Name

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Signature

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Date

# Carnegie Mellon University

## COVID-19 Vaccine Attestation

Name: \_\_\_\_\_  
(Print Last, First, MI)

Date of Birth (MM/DD/YY): \_\_\_\_\_

Andrew ID (If applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Attestation:

I attest that I have been fully vaccinated against COVID-19 as follows:

#### Check applicable box:

☐ Janssen vaccine (single dose)

Date of vaccination: \_\_\_\_\_

☐ Pfizer vaccine (two doses at appropriate intervals)

Dates of vaccination: \_\_\_\_\_

☐ Moderna vaccine (two doses at appropriate intervals)

Dates of vaccination: \_\_\_\_\_

☐ AstraZeneca vaccine from one of the approved manufacturers listed below (two doses at appropriate intervals)

☐ AstraZeneca/SKBioscience Co. (Republic of Korea)

☐ AstraZeneca/Serum Institute of India Pvt. Ltd., brand name Covishield

☐ AstraZeneca AB, EU, brand name Vaxzevria

Dates of vaccination: \_\_\_\_\_

☐ Sinopharm vaccine from Beijing Institute of Biological Products (BIBP) (two doses at appropriate intervals)

Dates of vaccination: \_\_\_\_\_

☐ Sinovac vaccine (two doses of at appropriate intervals)

Dates of vaccination: \_\_\_\_\_

I further attest that I have accurately and truthfully provided the information above. I also understand that CMU may request documentation of my vaccination status (e.g., a copy of my vaccine card).

I further attest that I received the following vaccine:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian (if under age of 18)