



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

**Research Request Form for FIT Graduate Students**

Is this your first visit? \_\_\_ YES \_\_\_ NO

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_

Course: \_\_\_\_\_ Professor: \_\_\_\_\_

Please provide a summary of your research request (please be as specific as possible, e.g. type of garment, designers, date range, etc.). Final selections are approved by MFIT staff and are based on condition and availability.

**Research Availability**

Please provide several dates and times, as scheduling is subject to staff availability.

Preferred appointment date/time: \_\_\_\_\_

Alternates: \_\_\_\_\_

Project deadline: \_\_\_\_\_