

**THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**

Application for Admission to GRADUATE STUDY leading to the Ph.D. degree



Please indicate with an "x" the program(s) to which you are applying			
<input type="checkbox"/>	Biochemistry, Cellular & Molecular Biology	<input type="checkbox"/>	Human Genetics & Molecular Biology
<input type="checkbox"/>	Biological Chemistry	<input type="checkbox"/>	Immunology
<input type="checkbox"/>	Biomedical Engineering	<input type="checkbox"/>	Neuroscience
<input type="checkbox"/>	Cellular & Molecular Medicine	<input type="checkbox"/>	Pathobiology
<input type="checkbox"/>	Cellular & Molecular Physiology	<input type="checkbox"/>	Pharmacology & Molecular Sciences
<input type="checkbox"/>	Functional Anatomy & Evolution	<input type="checkbox"/>	Program in Molecular Biophysics
<input type="checkbox"/>	Health Sciences Informatics (PhD)	<input type="checkbox"/>	XDBio Cross-Disciplinary Program in Biomedical Sciences
<input type="checkbox"/>	History of Medicine	<input type="checkbox"/>	
<input type="checkbox"/>	Applied Health Sciences Informatics (MS)	<input type="checkbox"/>	Medical & Biological Illustration (MA)
<input type="checkbox"/>	Applied Health Sciences Informatics (Online MS)	<input type="checkbox"/>	Post Baccalaureate Certificate in Clinical Informatics
<input type="checkbox"/>	Health Sciences Informatics (MS)	<input type="checkbox"/>	

**BIOGRAPHICAL INFORMATION**

<b>Full Name:</b>	<b>Last Name (family)</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Present Address: No.</b>	<b>Street</b>	<b>City</b>	<b>State/Country</b>
			<b>Zip Code - U.S./International</b>
<b>Present Telephone- U.S:</b>		<b>Cell Phone Number- U.S:</b>	
<b>International:</b>		<b>International:</b>	
<b>Permanent Address: No.</b>	<b>Street</b>	<b>City</b>	<b>State/Country</b>
			<b>Zip Code - U.S./International</b>
<b>Permanent Address: List County if in Maryland:</b>		<b>Permanent Telephone: U.S. :</b>	
		<b>International:</b>	
<b>Applicant Date of Birth:</b>	<b>Applicant Place of Birth: City/State/Country</b>		<b>E-mail Address:</b>
<b>Name of Parent, Guardian, or Emergency Contact:</b>			
<b>Relationship to Applicant:</b>			
<b>Address of Parent, Guardian, or Emergency Contact:</b>			
<b>Telephone No.: U.S.:</b>		<b>Telephone No.: International:</b>	
<b>What is your citizenship status in the U.S.?</b>		<b>Country of Citizenship:</b>	<b>Dual Citizenship:</b>
<b>Visa Status:</b>	<b>Other:</b>	<b>Expiration Date:</b>	

**TEST SCORES - REPORT OFFICIAL GRE/TOEFL SCORES TO - INSTITUTION CODE 5316 – JHU PhD MEDICINE**

If English is not your native language, the Test of English as a Foreign Language (TOEFL) or IELTS official test scores are required.					
If taken, list TOEFL total score:		<b>Paper Based:</b>	<b>Internet-Based:</b>	<b>TOEFL Registration Number:</b>	
<b>Date Taken or expected:</b>		<b>IELTS total score:</b>		<b>IELTS TRF Number:</b>	
Have you received, or will you receive, a degree from a U.S. Institution before matriculation to JHU SOM? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you taken or do you plan to take the <i>general</i> Graduate Record Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date taken or expected</b> _____					
<b>Registration Number:</b> _____		<b>If taken, list scores below:</b>			
<b>Verbal</b>	<b>V%</b>	<b>Est. Current Score</b>	<b>Quantitative</b>	<b>Q%</b>	<b>Est. Current Score</b>
<b>Analytical</b>	<b>Analytical%</b>	<b>Analytical Writing</b>	<b>AW%</b>		
Have you taken or do you plan to take the <i>subject</i> Graduate Record Exam? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Date taken or expected:</b> _____		<b>If taken, list: Subject Test Name</b> _____			
<b>Subject Test Score</b>	<b>Subject%</b>	<b>Registration Number:</b>			
<b>MCAT Scores: Verification Code</b>		<b>AAMC ID#</b>		<b>Exam Date</b>	
<b>Indicate foreign language(s) you can read and level of proficiency: (Requirement for History of Medicine)</b>					

**ACADEMIC HISTORY - List Bachelor's degree first, Master's next (if applicable)**

<b>Name of Institution</b>	<b>Dates of Attendance</b>	<b>Degree</b>	<b>Date/Expected</b>	<b>Major Field/Minor Field</b>	<b>GPA/Scale</b>
	From To				
	From To				
	From To				
Have you ever discontinued attendance or been dismissed from any school or college? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been subject to disciplinary action or placed on probation by a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If answer is yes to above questions, please provide details (attach additional sheet if necessary).					
List honors you have received, such as scholarships, fellowships, election to honor societies, etc. (attach additional sheet if necessary).					

**JHU AFFILIATION:** Are you currently enrolled in a degree program at Johns Hopkins University?  Yes  No

If yes, list program information and dates: \_\_\_\_\_

Are you currently an employee of Johns Hopkins?  Yes  No If yes, list information and dates: \_\_\_\_\_

Have you previously applied to the Johns Hopkins University School of Medicine graduate programs?  Yes  No

If yes, list information and dates: \_\_\_\_\_

**AREA OF CONCENTRATION:** Indicate, if known, your special area of concentration within the program to which you are applying (*required* of applicants to the Biomedical Engineering, Functional Anatomy and Evolution, Immunology, Neuroscience, and Pathobiology programs). Applicants to these programs should select the Area of Concentration from the list of program-specific choices online.

\_\_\_\_\_  
\_\_\_\_\_

**LETTERS OF RECOMMENDATION:** List the names and email addresses of those who will submit letters of recommendation for you

Name	Email Address
Name	Email Address
Name	Email Address

**FINANCIAL AID:** To support their educational expenses (tuition and stipend), the School of Medicine encourages all applicants to apply for graduate fellowships from appropriate U.S. and international agencies\*\*. If you have obtained such funding, please indicate source and amount below. You will be required to disclose such external support at the time of matriculation.

a) I have applied for external support:  Yes  No Source \_\_\_\_\_ Amount \_\_\_\_\_

b) I have received external support:  Yes  No Source \_\_\_\_\_ Amount \_\_\_\_\_

If accepted to a Ph.D. program, applicants unable to obtain external support may be considered for financial aid in the form of a stipend and health insurance. Applicants awarded aid for stipend and health insurance may also qualify for a tuition scholarship. The stipend for the 2018-2019 academic year is \$32,894.00 (unless otherwise noted\*). The tuition is \$53,400.00

\*Applicants accepted to the Medical and Biological Illustration, History of Medicine, Applied Health Sciences Informatics, Applied Health Sciences Informatics (Online MS), Health Science Informatics, and the Post Baccalaureate Certificate in Clinical Informatics programs should contact the programs directly for specific information regarding funding.

\*\*International applicants please note - most financial assistance provided by the School of Medicine is federal financial assistance available only to U.S. Citizens and Permanent Residents. International applicants who are not U.S. Citizens or Permanent Residents are *not* eligible for U.S. government funding. For this reason, we strongly advise international students to apply for external funding.

The Office of Financial Aid only provides assistance with U.S. government sources of funding which are available only to U.S. Citizens and Permanent Residents. Inquiries concerning financial aid may be sent to: The Johns Hopkins University School of Medicine, Student Financial Aid Services, Reed Hall, 1620 McElderry St., Suite 427, Baltimore, MD 21205-1911, or telephone (410) 614-3450 Email: [finaid@jhmi.edu](mailto:finaid@jhmi.edu)

**ADDITIONAL INSTRUCTIONS FOR INTERNATIONAL APPLICANTS TO THE PROGRAM IN MOLECULAR BIOPHYSICS:**

A training grant from the National Institutes of Health provides the first two years of tuition and stipend support for graduate students in the Program in Molecular Biophysics. However, this support is limited to U.S. Citizens and Permanent Residents. Non-U.S. Citizens and non-U.S. Permanent Residents interested in graduate studies in Molecular Biophysics should consider applying to the T.C. Jenkins Biophysics Department.

**BACKGROUND CHECKS:** It is the policy of the Johns Hopkins University School of Medicine that all incoming members to the community, including faculty, students, and staff, must undergo criminal background checks. As a result, applicants admitted to a graduate program will undergo a criminal background check prior to matriculation. In the event of an unsatisfactory finding, the School of Medicine may withdraw its offer of admission. If you wish to disclose any offense that may be revealed by this procedure, we invite you to do so at this time on a separate attachment.

I affirm that the information on this application form, and any additional information that I submit related to the admissions process, is complete, accurate, and true to the best of my knowledge and contains no significant omissions. I understand that providing false statements or omitting material information on any part of this application may be cause for denial of admission, cancellation of registration, expulsion from the University, or revocation of a degree.

No student will be allowed to matriculate until the School of Medicine has received proof of graduation and an official transcript from an accredited undergraduate program.

If I am admitted to study at the Johns Hopkins University, I agree that I will honor the University's academic and ethical standards and that I will abide by all requirements established by the University concerning academic progress, health and conduct. I agree that the University may dismiss any student whose academic standing is unacceptable or whose general conduct jeopardizes the community or is otherwise unacceptable.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**To be completed only by the Degree Program or Committee:** I approve the admission of the above named as a student in the Program of \_\_\_\_\_ and recommend acceptance.

Date \_\_\_\_\_ Signature \_\_\_\_\_

# THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

## PERSONAL DATA SHEET – GRADUATE PROGRAMS

Colleges and universities are required by the federal government to report their number of female and male applicants. This information will not be used in making any admission decision, and all information is confidential.

**Gender:** Sex assigned at birth  Female  Male

Johns Hopkins University does not discriminate on the basis of gender identity or expression. In order to track the effectiveness of our recruiting efforts, please consider the following *optional* questions:

**What is your gender identity?**  Female  Male  Non-binary/third gender  Prefer not to say  
Prefer to self-describe \_\_\_\_\_

Transgender is an umbrella term that refers to people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. Other identities considered to fall under this umbrella can include non-binary, gender-fluid, and genderqueer – as well as many more.

**Do you identify as transgender?**  Yes  No  Prefer not to say

The Johns Hopkins University School of Medicine actively supports diversity in our graduate programs:

<http://www.hopkinsmedicine.org/diversity/> We strongly encourage applications from talented individuals from:

1) Underrepresented racial and ethnic groups; 2) Individuals with disabilities; and 3) Individuals from economically, socially, culturally, or educationally disadvantaged backgrounds. You may choose to self-identify as a member of one of these underrepresented groups in the biomedical sciences. If you have questions about your status as a member of one of these groups we recommend that you review section A.3 of the following NIH website: [http://grants.nih.gov/training/faq\\_diversity.htm](http://grants.nih.gov/training/faq_diversity.htm)

**Please indicate the group(s) listed below to which you belong:**  Hispanic or Latino  Not Hispanic or Latino

**From the choices listed below, please indicate your racial/ethnic self-description (you may choose more than one):**

- |   |  |
|---|--|
| <input type="checkbox"/> = Afro-Caribbean         | <input type="checkbox"/> = Korean                                  |
| <input type="checkbox"/> = Alaskan Native         | <input type="checkbox"/> = Mexican, Mexican American, Chicano      |
| <input type="checkbox"/> = Asian                  | <input type="checkbox"/> = Middle Eastern or North African         |
| <input type="checkbox"/> = Bangladeshi            | <input type="checkbox"/> = Native American                         |
| <input type="checkbox"/> = Black/African American | <input type="checkbox"/> = Native Hawaiian                         |
| <input type="checkbox"/> = Cambodian              | <input type="checkbox"/> = Other Asian                             |
| <input type="checkbox"/> = Chinese                | <input type="checkbox"/> = Other Pacific Islander                  |
| <input type="checkbox"/> = Cuban                  | <input type="checkbox"/> = Pakistani                               |
| <input type="checkbox"/> = Filipino               | <input type="checkbox"/> = Puerto Rican                            |
| <input type="checkbox"/> = Guamanian              | <input type="checkbox"/> = Southeast Asian (other than Vietnamese) |
| <input type="checkbox"/> = Indian                 | <input type="checkbox"/> = Taiwanese                               |
| <input type="checkbox"/> = Indonesian             | <input type="checkbox"/> = Vietnamese                              |
| <input type="checkbox"/> = Japanese               | <input type="checkbox"/> = White/Caucasian                         |

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**Are you on active military duty in the U.S. Armed Forces?**  Yes  No

**Are you a veteran of the U.S. Armed Forces?**  Yes  No

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To qualify for disadvantaged background status, your annual household income may not exceed 200% of the current U.S. poverty guidelines listed <https://aspe.hhs.gov/poverty-guidelines>

**Based on these guidelines, do you qualify for disadvantaged background status?**  Yes  No

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**Are you a first-generation college student?**  Yes  No

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**Are you, or have you been, a participant in one of the following programs?**  Yes  No **If yes, please select the program below:**

- |  |   |
|--|---|
| <input type="checkbox"/> GEM Fellowship Program                  | <input type="checkbox"/> Leadership Alliance Summer Research Early Identification Program |
| <input type="checkbox"/> Meyerhoff Scholarship Program           | <input type="checkbox"/> Minority Biomedical Research Support Program (RISE)              |
| <input type="checkbox"/> Minority Access Research Careers (MARC) | <input type="checkbox"/> NIGMS Post-Baccalaureate Research Education Program              |
| <input type="checkbox"/> Project 1000                            | <input type="checkbox"/> Ronald McNair Post-Baccalaureate Achievement Program             |

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**Have you been a participant of an undergraduate Summer Research opportunity at Johns Hopkins?**  Yes  No

**If yes, please select the division of JHU below:**

- |  |  |
|--|--|
| <input type="checkbox"/> Bloomberg School of Public Health                     | <input type="checkbox"/> School of Education                 |
| <input type="checkbox"/> Carey Business School                                 | <input type="checkbox"/> School of Medicine                  |
| <input type="checkbox"/> Krieger School of Arts & Sciences (KSAS)              | <input type="checkbox"/> School of Nursing                   |
| <input type="checkbox"/> Nitze School of Advanced International Studies (SAIS) | <input type="checkbox"/> Whiting School of Engineering (WSE) |

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**How did you hear about our graduate programs?**  Alumni  ABRCMS  Biomedical Sciences Virtual Grad School Fair

- Employer  Facebook  Google  Gradschools.com  Hopkins Publication  Hopkinsmedicine.org  Internet  
 Leadership Alliance  NIH Grad & Professional School Fair  Printed Material  Recruitment Meeting  SACNAS  
 Student  Undergraduate Advisor \_\_\_\_\_ Other

# JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

## General Instructions

**ADMISSION REQUIREMENTS:** Requirements specific to each program are noted in The Johns Hopkins University School of Medicine Catalog and the graduate program website: <http://www.hopkinsmedicine.org/som/students/graduate-programs/welcome/programs>. Questions can be resolved by contacting the program to which you are applying (see graduate program website for contact information).

**PERSONAL STATEMENT:** Please provide a typewritten statement (one-page maximum) indicating the basis of your interest in graduate study and your career objectives. Please include a discussion of any research experience you have had. If you are applying to more than one program, only one statement is required.

The XDBio program\* requires three (3) personal statements (1 page each): 1) Describe your academic and scientific background and how XDBio fits your research and career interests; 2) A description of your research experience with at least one project described in detail; 3) A description of proposed future research directions for the project described in your research experience.

**CURRICULUM VITAE:** A Curriculum Vitae is *required* for applicants to the Biochemistry, Cellular and Molecular Biology, Functional Anatomy and Evolution, History of Medicine, all Health Sciences Informatics programs (MS and PhD), and the XDBio graduate program\*, and is *optional* for all other programs (2-page maximum).

**TRANSFERS:** Applicants desiring to transfer from another school must be in good standing at the school previously attended.

**APPLICATION DEADLINES:** Applications and supporting documents must be received by the dates listed below:

<b>December 1</b>	Biochemistry, Cellular and Molecular Biology Biomedical Engineering Immunology Neuroscience Program in Molecular Biophysics XDBio – Cross-Disciplinary Graduate Program in Biomedical Sciences* (*Pending MHEC approval)
<b>December 2</b>	Pathobiology
<b>December 8</b>	Cellular and Molecular Medicine Pharmacology and Molecular Sciences
<b>December 15</b>	Human Genetics and Molecular Biology
<b>December 31</b>	Cellular and Molecular Physiology
<b>January 4</b>	Biological Chemistry
<b>January 10</b>	Functional Anatomy and Evolution
<b>January 15</b>	History of Medicine
<b>February 1</b>	Applied Health Sciences Informatics (MS) Applied Health Sciences Informatics (Online MS) Health Sciences Informatics (PhD) Health Sciences Informatics (MS) Post Baccalaureate Certificate in Clinical Informatics
<b>February 21</b>	Medical and Biological Illustration (MA) – Art Portfolios and Applicant Profiles due January 15

**APPLICATION FEES:** Application fees are non-refundable and receipt is required before an application can be processed. The fee schedule is indicated below. You must pay the fee by credit card at the time of application. Paper applications are available upon request. Please be advised not all programs accept paper applications and the fees are higher than the online application. You may contact the Office of Graduate Student Affairs for the paper application and fee schedule: [gradsoff@jhmi.edu](mailto:gradsoff@jhmi.edu).

\$ 50.00	Johns Hopkins University students (currently enrolled in a degree program) and current JHU employees <i>only</i>
\$110.00	1 program
\$125.00	2-3 programs
\$150.00	4 or more programs

Information regarding reduced application fees and fee waivers can be found on the School of Medicine graduate program website: <http://www.hopkinsmedicine.org/som/students/graduate-programs/admissions/application.html>

# JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

## General Instructions (continued)

The application process is completed entirely online. You can upload all of your supporting application materials to the online application. If you are applying to **more than one** program, only **one application** and **one complete set** of supporting materials is required. We encourage you to submit your completed application *early – before the deadline*.

**SAMPLES OF WORK:** **History of Medicine** requires a thesis, publication, writing sample, or term paper. Please upload the sample of work to the Supplemental Application Information section of the application. **Medical & Biological Illustration** requires an Art Portfolio and Applicant Profile, due **January 15<sup>th</sup>** to the website: <https://hopkinsmedart.slideroom.com/> (open November 1<sup>st</sup> to January 15<sup>th</sup>).

**TRANSCRIPTS:** Transcripts of all college and university study (undergraduate and graduate) are required and must be uploaded to the application. If you have attended more than one institution, transcripts from each institution must be received for your application to be considered complete. Applicants should also upload a list of any current courses, and courses that will be taken before beginning graduate study that do not appear on their transcripts in the Supplemental Application Information section. When the courses are completed, official transcripts can be uploaded to the online application in the **Post Submission section, Fall Transcript Upload** field when they become available, after you submit. Do not mail documents to the Office of Graduate Student Affairs unless requested or admitted.

- International transcripts must be officially translated into English.
- If grades from a course are reported on another institution's transcript, please notify the Office of Graduate Student Affairs so that we can be certain your status is correctly updated in the system ([gradsoff@jhmi.edu](mailto:gradsoff@jhmi.edu))
- Scan your transcript in the lowest possible resolution. The document should not exceed 2500kb.
- View the document to ensure that it is legible. Illegible documents will not be accepted and will delay the processing of your application.
- If admitted, **official transcripts** from each institution showing proof of graduation and degree conferral will be required prior to matriculation.

To be considered **official**, final transcripts must be sent: **1) by mail, directly from the institution in a sealed envelope**, to the Office of Graduate Student Affairs, or **2) through a secure reporting service** (ex: Parchment, Credentials eScriptSafe, National Student Clearinghouse (JHU SOM Graduate Student Affairs - 207706gs). We cannot accept electronic transcripts sent via regular email from registrars, or third-party entities in any other format, such as email links or links to secure website. Please direct electronic transcripts to the email: [gradsoff@jhmi.edu](mailto:gradsoff@jhmi.edu)

**LETTERS OF RECOMMENDATION:** Letters of recommendation must be submitted through the online recommendation system. Applicants will need to obtain the name and email address of their recommenders when completing the application. Please request your letters of recommendation from faculty members or other professionals who are acquainted with you and your academic work. These letters should comment on your aptitude and promise for independent research

The School of Medicine graduate programs require **three** letters of recommendation. The Post Baccalaureate Certificate in Clinical Informatics requires two letters of recommendation.

Applicants to the **Medical and Biological Illustration** program must obtain a letter from faculty members in both Science and Art.

### **GRADUATE RECORD EXAMINATION AND TEST OF ENGLISH AS A FOREIGN LANGUAGE: INSTITUTION CODE 5316**

Applicants should request the results of the GRE and TOEFL test be sent directly to **Johns Hopkins University PhD Medicine 5316**. The Department Code is not necessary. **You must take the GRE/TOEFL in sufficient time for the score reports to reach us by the application deadline. Scores received after the application deadline may result in your application status being incomplete.** Test scores reported to the wrong Institution Code must be re-sent to the correct code 5316. You may submit your application ***prior to taking the tests*** and we will match the official score report to your file when it becomes available.

The **Applied Health Sciences Informatics, Health Sciences Informatics (MS and PhD), and Certificate in Clinical Informatics** programs have specific requirements for the GRE. Please review the program websites for a complete list of requirements.

The GRE exam is **optional** for the Biochemistry, Cellular & Molecular Biology, Cellular and Molecular Medicine, Neuroscience, Program in Molecular Biophysics, and XDBio\* graduate programs. The admission committee will make no assumptions if a GRE score is omitted from an application, but inclusion of a good score may improve the application package of a candidate with deficiencies in some areas.

Our programs **do not** require the GRE Subject test; however, applicants are encouraged to submit scores.

**ENGLISH PROFICIENCY SCORES: TOEFL INSTITUTION CODE 5316.** TOEFL or IELTS scores are required for international applicants. The TOEFL requirement will be waived if you have completed your degree in a U.S. institution, or are currently enrolled and will receive a degree from a university within the U.S. prior to matriculation at JHU-SOM. To report official IELTS test scores, please include the Test Report Form (TRF) verification number on the application.

**Medical College Admissions Test:** MCAT scores are not required. Some programs will accept the MCAT in place of the GRE; please contact them directly to inquire. Contact information is available on the graduate program website:

[www.hopkinsmedicine.org/som/students/graduate-programs/welcome/contact.html](http://www.hopkinsmedicine.org/som/students/graduate-programs/welcome/contact.html) If you plan to submit MCAT scores, please upload a copy of the official results, including verification code, to the application.

The Johns Hopkins University is committed to equal opportunity for its faculty, staff, and students. To that end, the university does not discriminate on the basis of sex, gender, marital status, pregnancy, race, color, ethnicity, national origin, age, disability, religion, sexual orientation, gender identity or expression, veteran status or any other legally protected characteristic. The university is committed to providing qualified individuals access to all academic and employment programs, benefits, and activities based on demonstrated ability, performance and merit without regard to personal factors that are irrelevant to the program involved. Questions should be referred to the Office of Institutional Equity, Wyman Park Building, Suite 515. Telephone: (410) 516-8075, (TTY): 711, MD Relay.