

**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							
Applied Health Sciences Informatics (MS*)		History of Science, Medicine & Technology		<b>For Office Use Only</b> LTR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TRN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GRE V Q AN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Score <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GRE% <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ADV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Biochemistry, Cellular & Molecular Biology		Human Genetics & Molecular Biology					
Biological Chemistry		Immunology					
Biomedical Engineering		Medical & Biological Illustration (MA*)					
Cellular & Molecular Medicine		Neuroscience					
Cellular & Molecular Physiology		Pathobiology					
Functional Anatomy & Evolution		Pharmacology & Molecular Sciences					
Health Sciences Informatics (MS*)		Program in Molecular Biophysics					

**BIOGRAPHICAL INFORMATION**

Full Name: Last Name (family)		First Name		Middle Name	
Present Address: No.	Street	City	State/Country	Zip Code	Use Until
Permanent Address: No.	Street	City	State/Country	Zip Code	
Present Address Phone No.		Permanent Address Phone No.		Cell Phone No.	
School/Lab/Business Phone No.			E-mail Address		
Name of Parent, Guardian, or Emergency Contact: Relationship to Applicant					
Address of Parent, Guardian, or Emergency Contact: Phone No. (if available)					
Applicant Date of Birth			Applicant Place of Birth: City/State/Country (list County also if in Maryland)		
Are you a U. S. Citizen?		If not U. S., indicate Country of Citizenship			
Visa Status	F-1	J-1	Permanent Resident	Other	Expiration Date

**TEST SCORES - PLEASE SEND OFFICIAL GRE/TOEFL/PPI SCORES TO INSTITUTION CODE 5316**

If English is not your native language, the Test of English as a Foreign Language (TOEFL) is required. IELTS test scores are also accepted. If taken, list score here: Paper Based: Internet-Based: IELTS:					
Indicate foreign language(s) you can read and level of proficiency: (Requirement for the History of Science, Medicine & Technology)					
Have you taken or do you plan to take the <i>general</i> Graduate Record Exam? ___ Yes ___ No Date taken or expected: _____					
If taken, list below (see Instruction Sheets): Verbal V% Quant. Q% Analy. Analy.% Analy. Writing AW%					
Have you taken or do you plan to take the <i>subject</i> Graduate Record Exam? ___ Yes ___ No Date taken or expected: _____					
If taken, list below (see Instruction Sheets): Subject Test Name Subject Test Score Subject %					
Do you plan to send Personal Potential Index Reports from Educational Testing Service? ___ Yes ___ No					
MCAT Score		Date taken or expected			

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

Name of Institution	Dates of Attendance	Degree	Date/Expected	Major Field	GPA/Scale
	From To				
	From To				
	From To				

Are you currently enrolled in a degree program at Johns Hopkins University? \_\_\_ Yes \_\_\_ No  
 Are you currently a Johns Hopkins employee? \_\_\_ Yes \_\_\_ No  
 Have you previously applied to the Johns Hopkins University School of Medicine graduate programs? \_\_\_ Yes \_\_\_ No  
 If yes, list information and dates:

List honors you have received, such as scholarships, fellowships, election to honor societies, etc. (Attach additional sheet if necessary).

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**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, Immunology, and Pathobiology programs):

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**PERSONAL STATEMENT** - Please attach 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.

**LETTERS OF RECOMMENDATION** - List the names and addresses of those who will submit letters of recommendation for you (see General Instruction Sheets):

Name	Address
Name	Address
Name	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                      b) I have received external support \_\_\_Yes \_\_\_No \_\_\_

Source \_\_\_\_\_ Amount \_\_\_\_\_

If accepted to a Ph.D. program, applicants unable to obtain external support will be considered for financial aid in the form of a tuition scholarship, health insurance, and a stipend to cover living expenses. The stipend for the 2009-2010 academic year is \$27,125 (unless otherwise noted\*). The tuition is \$38,300.

\*Applicants accepted to the Medical and Biological Illustration; History of Science, Medicine, and Technology; Applied Health Sciences Informatics; and Health Science Informatics programs may apply for financial aid as outlined in the General Instructions. Applicants to these programs may also contact the program directly for specific information regarding funding. Please note that the Office of Financial Aid can provide financial assistance *only* for U.S. Citizens and Permanent Residents. International applicants are *not* eligible for U.S. government funding. For this reason, we strongly advise international students to apply for external funding.

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Have you ever discontinued attendance or been dismissed from any school or college?                      \_\_\_Yes                      \_\_\_No

Have you ever been subject to disciplinary action or placed on probation by a college or university?                      \_\_\_Yes                      \_\_\_No

If answer is Yes to above questions, please provide details (attach additional sheet if necessary). \_\_\_\_\_

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**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.

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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

The following questions are *optional*, and all information is confidential. Our graduate programs are primarily funded by NIH research training grants that require us to report this statistical data. This information will not be used in making any admission decision.

The Johns Hopkins University School of Medicine actively supports diversity in our graduate programs ([http://www.jhu.edu/news\\_info/policy/diversity.html](http://www.jhu.edu/news_info/policy/diversity.html)).

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. A place is supplied on our application for you to self-identify as a member of one of these underrepresented groups in the biomedical sciences, if you so choose. If you have any questions about your status as a member of one of these underrepresented classifications we recommend that you review section A.3 of the following NIH website:

[http://grants.nih.gov/training/faq\\_diversity.htm#top](http://grants.nih.gov/training/faq_diversity.htm#top)

Gender:  Male  Female

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"/> = Mexican American or Chicano      | <input type="checkbox"/> = Chinese                                 |
| <input type="checkbox"/> = Puerto Rican (Mainland)          | <input type="checkbox"/> = Japanese                                |
| <input type="checkbox"/> = Puerto Rican (Commonwealth)      | <input type="checkbox"/> = Korean                                  |
| <input type="checkbox"/> = Hispanic/Other (including Cuban) | <input type="checkbox"/> = Other Asian                             |
| <input type="checkbox"/> = Native American                  | <input type="checkbox"/> = Southeast Asian (other than Vietnamese) |
| <input type="checkbox"/> = Alaskan Native                   | <input type="checkbox"/> = Vietnamese                              |
| <input type="checkbox"/> = Native Hawaiian                  | <input type="checkbox"/> = Other Pacific Islander                  |
| <input type="checkbox"/> = Black/African American           | <input type="checkbox"/> = Filipino                                |
| <input type="checkbox"/> = White/Caucasian                  | <input type="checkbox"/> = Indian or Pakistani                     |

Do you have a disability?  Yes  No

Learning  Hearing  Visual  Mobility \_\_\_\_\_ Other

If you need information on disability services please contact the Office of Graduate Student Affairs at 410-614-3385 or [gradsoff@jhmi.edu](mailto:gradsoff@jhmi.edu).

The income guidelines to qualify for disadvantaged background is 200% of the poverty level listed at: <http://aspe.hhs.gov/poverty/09poverty.shtml>

Do you come from a disadvantaged background?  Yes  No

Are you currently participating in one of the following Scholarship programs?

- |  |  |
|--|--|
| <input type="checkbox"/> Project 1000  | <input type="checkbox"/> Johns Hopkins University School of Medicine Summer Internship Program |
| <input type="checkbox"/> Fulbright Program                                   | <input type="checkbox"/> Leadership Alliance Summer Research Early Identification Program      |
| <input type="checkbox"/> Meyerhoff Scholarship Program                       | <input type="checkbox"/> Ronald McNair Post-Baccalaureate Achievement Program                  |
| <input type="checkbox"/> Minority Access Research Careers                    | <input type="checkbox"/> NIGMS Post-Baccalaureate Research Education Program                   |
| <input type="checkbox"/> Minority Biomedical Research Support Program (RISE) |  |

How did you hear about our graduate programs?

- Alumni  Internet  Student  Printed Material  Recruitment meeting  
 Undergraduate Advisor \_\_\_\_\_ Other

**THE 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/graduateprograms>. Unanswered questions can be resolved by contacting the program to which you are applying (see graduate program website).

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

**FINANCIAL AID:** Inquiries concerning financial aid (U.S. Citizen and Permanent Resident) may be sent to: The Johns Hopkins University School of Medicine, Office of Financial Aid, Broadway Research Building, 733 North Broadway, Suite 137, Baltimore, MD 21205, or telephone (410) 955-1324. E-mail: [finaid@jhmi.edu](mailto:finaid@jhmi.edu)

**DEADLINE FOR APPLICATIONS:** Applications and supporting documents must be submitted by the dates listed below:

<b>December 8</b>	Neuroscience
<b>December 15</b>	Biomedical Engineering
<b>January 1</b>	Cellular and Molecular Medicine
<b>January 4</b>	Program in Molecular Biophysics
<b>January 10</b>	Biochemistry, Cellular and Molecular Biology Biological Chemistry Cellular and Molecular Physiology Functional Anatomy and Evolution Human Genetics and Molecular Biology Immunology Pathobiology Pharmacology and Molecular Sciences
<b>January 15</b>	History of Science, Medicine, and Technology
<b>February 1</b>	Applied Health Sciences Informatics Health Sciences Informatics (supporting materials due 2/15)
<b>February 21</b>	Medical and Biological Illustration – (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 may pay the fee either by credit card at the time of application, or by check (U.S. bank) or money order (U.S. currency) payable to THE JOHNS HOPKINS UNIVERSITY. No other forms of payment are accepted. 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)

Fee schedule

\$ 40.00	Johns Hopkins University students (currently enrolled in a degree program) and current JHU employees <i>only</i>
\$ 85.00	1 program
\$100.00	2-3 programs
\$150.00	4 or more programs

**ADDITIONAL INSTRUCTIONS FOR INTERNATIONAL APPLICANTS**

1. The Program in Molecular Biophysics graduate program is solely supported by a NIH Training Grant for which only U.S. Citizens or Nationals and Permanent Residents are eligible.
2. The Biochemistry, Cellular and Molecular Biology graduate program requires International applicants to submit a pre-application. The pre-application may be found on the program website: <http://biolchem.bs.jhmi.edu/bcmb/application/preapplication.shtml>
3. Will you be able to arrive in August (July for BME) for the beginning of the academic year? \_\_\_\_ If not, when can you arrive and please explain the delay. \_\_\_\_\_

The Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital status or veteran status in any student program or activity administered by the University, or with regard to admission or employment. Defense Department policies regarding sexual orientation in ROTC programs conflict with this University policy. The University continues its ROTC program, but encourages a change in the Defense Department policy. Questions regarding Title VI, Title IX and Section 504 should be referred to the Office of Institutional Equity, Garland Hall 130, Telephone: (410) 516-8075, (TTY): (410) 516-6225.

**JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**  
**General Instructions (cont.)**

**WHERE TO MAIL:** Mail supplemental application materials to: **Johns Hopkins University School of Medicine, Office of Graduate Student Affairs, 1830 E. Monument Street, Suite 2-107, Baltimore, MD 21205-2100.** If you are applying to **more than one** program, send **one** complete set of supporting materials to the Office of Graduate Student Affairs. Please **do not** submit duplicate applications.

Supplemental application materials and correspondence for the **Program in Molecular Biophysics** graduate program should be directed to the **PROGRAM ADDRESS LISTED BELOW.** If you are applying to **more than one** program, send **one** complete set of supporting materials to: Office of Graduate Student Affairs, 1830 E. Monument Street, Suite 2-107, Baltimore, MD 21205-2100.

**\*SAMPLES OF WORK:** These programs require an applicant to submit a sample of work: **History of Science, Medicine, & Technology** requires a **thesis, publication, writing sample, or term paper.** **Medical & Biological Illustration** requires an **Art Portfolio and Applicant Profile.** Mail the samples of work directly to the program address listed below, and mail transcripts and letters of recommendation to the Office of Graduate Student Affairs (address listed above).

History of Science, Medicine & Technology \*  
The Johns Hopkins University School of Medicine  
Dept. of History, 1900 E. Monument St., Baltimore, MD 21205

Program in Molecular Biophysics  
The Johns Hopkins University  
3400 N. Charles St., Jenkins Hall, Baltimore, MD 21218

Medical & Biological Illustration \*  
The Johns Hopkins University School of Medicine  
1830 E. Monument St., Suite 7000, Baltimore, MD 21205

**TRANSCRIPTS:** Official transcripts of certified records of *all* university (undergraduate and graduate) study must be submitted. **Please have your official transcript sent directly from your previous institution to Johns Hopkins University School of Medicine. Transcripts must be in a sealed university envelope to be considered official.** If you have attended more than one institution, transcripts from each must be received. If information on your current courses is not included in your transcript, please send a list of your current courses, and courses to be taken before beginning graduate study. Please note that transcripts are not returnable.

**LETTERS OF RECOMMENDATION:** Please request 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. See list below for number of letters required by each program. **NO FORMS ARE REQUIRED FOR LETTERS OF RECOMMENDATION.**

**GRADUATE RECORD EXAMINATION AND TEST OF ENGLISH AS A FOREIGN LANGUAGE: INSTITUTION CODE 5316 for Johns Hopkins University School of Medicine graduate programs.** No Department Code is necessary. Scores reported to the wrong Institution Code may result in your application status being considered incomplete. Students should request that the results of the GRE and TOEFL test be sent directly to: **Institution Code 5316, Johns Hopkins University School of Medicine.** See list below for program-specific requirements. TOEFL or IELTS scores are required for all international students. You may submit your application without test scores and send the report when it becomes available.

**ETS Personal Potential Index** reports are not required. If you choose to send them please direct the reports to **Institution Code 5316.**

**Medical College Admissions Test:** MCAT scores are not required. If you plan to submit MCAT scores, please send a copy of the official results, including verification code, to the Johns Hopkins University, Office of Graduate Student Affairs (address listed above).

Graduate Programs	Letters	GRE General	GRE Subject
Applied Health Sciences Informatics	3	Required*	Our programs do <b>NOT</b> require the GRE Subject tests. Nevertheless, applicants who have taken such tests are encouraged to submit their scores ( <i>Biology</i> or <i>Geology</i> for Functional Anatomy & Evolution).
Biochemistry, Cellular & Molecular Biology	3	Required	
Biological Chemistry	2	Required	
Biomedical Engineering	3	Required or MCAT	
Cellular & Molecular Medicine	3	Required	
Cellular & Molecular Physiology	3	Required	
Functional Anatomy & Evolution	3	Required	
Health Sciences Informatics	3	Required*	
History of Science, Medicine, & Technology	3	Required	
Human Genetics & Molecular Biology	2	Required or MCAT	
Immunology	2	Required or MCAT	<i>Notes:</i>  *Applied Health Sciences Informatics and Health Sciences Informatics programs require the GRE general test if applicants have less than five years of professional experience in a related field. Please review the program websites for a complete list of requirements.  **Applicants to the Medical and Biological Illustration program must obtain a letter from faculty members in both Science and Art.
Medical & Biological Illustration	3**	Not Required	
Neuroscience	2	Required or MCAT	
Pathobiology	2	Required or MCAT	
Pharmacology	3	Required or MCAT	
Program in Molecular Biophysics	3	Required	