

## POSTDOCTORAL FELLOWSHIP APPLICATION

### JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING OFFICE OF ADMISSIONS

525 N. Wolfe Street  
Baltimore, Maryland 21205-2110

Send this completed form, copies of your transcripts, a statement of your goals for the post doctoral experience (1-2 pages), and two letters of recommendation\* to the Admissions Office.

*\*The SON faculty member who has agreed to provide mentorship should provide one of the letters or a letter of agreement to provide such mentorship and a brief outline of the training plan that you have negotiated with that person.*

#### PERSONAL INFORMATION

_____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security Number	Date of Birth		
_____			
Last Name	First Name	Middle Name	Previous Name
_____			
Current Street Address			
_____			
City	State	Zip or postal code	Country
_____			
Phone – Home	Work	E-mail	
_____			
Citizenship	Country of Permanent Residence		

**Optional** Question for U.S. citizens: Check your ethnicity.

- |   |  |
|---|--|
| <input type="checkbox"/> Asian or Asian American  | <input type="checkbox"/> Native American or Alaskan Native   |
| <input type="checkbox"/> Black, African American or African                             | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Caucasian  | <input type="checkbox"/> Mexican American or Chicano         |
| <input type="checkbox"/> Latin American, South or Central American<br>or other Hispanic | <input type="checkbox"/> Puerto Rican                        |

Are you applying for:

Institutional NSRA -	Yes _____ (Name of Fellowship: _____) No _____
Will you have external funding -	Yes _____ No _____
If yes, from what source -	_____

Another degree or certificate as part of the postdoctoral training -	Yes _____ (Type: _____) No _____
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*The Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, sexual orientation, national or ethnic origin, marital status, age, disability or veteran status in any student program or activity administered by the university or with regard to admission or employment. Defense Department discrimination in ROTC programs on the basis of sexual orientation conflicts with this university policy. The university is committed to encourage a change in the Defense Department policy. Questions regarding Title VI, Title IX and Section 504 should be referred to the office of Equal Opportunity and Affirmative Action Programs, Garland Hall, Suite 130, (410)516-8075.*

**PROFESSIONAL & ACADEMIC INFORMATION :**

Present position and academic institution or employer:

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APPROVED FACULTY MENTOR: \_\_\_\_\_

**ACADEMIC CREDENTIALS:**

**(Please attach a copy of your curriculum vitae and a 1-2 page statement of goals for post-doctoral experience).**

Institution	Dates of Enrollment	Date Degree Granted	Degree & Major

Name of predoctoral mentor: \_\_\_\_\_  
(This individual should provide one of the required letters of recommendation)

Name of second reference: \_\_\_\_\_

Please read the following statement and indicate by your signature that you agree to the terms stated. Unsigned applications will be returned.

My signature below indicates that all the information contained in my application is factually correct and honestly presented. I acknowledge that this application and all required credentials submitted to the Office of Admissions and Student Services, including school and college reports and all transcripts, are confidential items and are not to be released to anyone except as allowed by applicable law. I recognize that the University reserves the right to deny admission to applicants even though they have met the minimum requirements for admission.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_