



The United States Army Medical Research Institute for Infectious Diseases Fellowship Application

The Fellowship Program is a partnership between USAMRIID and The Johns Hopkins University, MS in Biotechnology Program, Concentration in Biodefense. The Fellowship provides an annual stipend, depending on training, experience, and academic achievement, of \$22,000 to \$26,000, and the tuition costs for the MS in Biotechnology program.

FELLOWSHIP CRITERIA

- Accepted as a degree candidate in the MS in Biotechnology Program, Concentration in Biodefense
- Graduate of an accredited University/College (within the last three years)
- U.S. citizen

FELLOWSHIP ADMISSION REQUIREMENTS

- Applications
- Three Letters of Recommendation (Recommenders must use the official letterhead of their employer)
- 500-Word Essay (Statement of Purpose for pursuing Fellowship)
- Resume
- Transcript (a sealed official transcript from your school can be included with this application or mailed directly from your school to the address below)

Applicants not already in the Johns Hopkins MS in Biotechnology Program must also apply as a degree candidate to the MS in Biotechnology Program using the included graduate degree application in addition to this fellowship application. Complete both forms and mail together with the required materials listed above to:

The Johns Hopkins University,
Zanvyl Krieger School of Arts and Sciences, Advanced Academic Programs,
1717 Massachusetts Avenue NW, Suite 101
Washington DC 20036.

PERSONAL INFORMATION

Name: Mr. Ms. _____
First M.I. Last (Other/Previous Names)

Date of Birth: _____ Are You a U.S. Citizen? Yes No
Month / Day / Year

CURRENT ADDRESS

Address Valid Until: _____
Month / Day / Year

Home Address: _____
Street Apartment

City State Zip

Home Telephone: _____ / _____ - _____ Work or Daytime Telephone: _____ / _____ - _____

Fax: _____ / _____ - _____ Email: _____

PERMANENT ADDRESS

Contact Name: _____

Home Address: _____
Street Apartment

City State Zip

Home Telephone: _____ / _____ - _____ Work or Daytime Telephone: _____ / _____ - _____

Fax: _____ / _____ - _____ Email: _____

Suite 101 / 1717 Massachusetts Avenue NW / Washington DC 20036
1-800-847-3330 / <http://advanced.jhu.edu>

Complete this form along with the fellowship application and return it to The Johns Hopkins University, Zanvyl Krieger School of Arts and Sciences, Advanced Academic Programs, Suite 101, 1717 Massachusetts Avenue NW, Washington DC 20036. Enclose the nonrefundable application fee as a check or money order for \$70 payable to The Johns Hopkins University.

Request that each university or college you have attended send an official transcript directly to Advanced Academic Programs. Allow at least two weeks for a transcript requested from a U.S. institution to arrive. If you earned your degree from a university outside the U.S., you must have your work equated to U.S. standards, course by course, by one of the independent evaluation services. We recommend World Education Services (WES). Forms can be requested at 800-937-3895 or www.wes.org. Allow at least four weeks for such an evaluation report. To be assured of an admission decision for the desired term, all materials, including transcripts, must be received by the application priority date listed in the Advanced Academic Programs academic calendar.

ADMISSION REQUIREMENTS

- Completed application
- \$70 application fee
- 500-Word Essay (Statement of Purpose for pursuing MS in Biotechnology)
- Completed immunization form (required if under age 26)
- Completed waiver and release form

Name: _____ Mr. Ms.
Last First M.I.

Home Address: _____
Street Apartment City State Zip Country

Home Telephone: _____ / _____ - _____ Work or Daytime Telephone: _____ / _____ - _____

Work Address: _____
Employer Name Street City State Zip

Current Position: _____

Email: _____

Date of Birth: _____ Female Male Social Security Number: - -

U.S. Citizen: Yes No Permanent Resident: Yes No Current Visa Status: _____

Other Citizenship: _____ Do you plan to initiate the visa process through Johns Hopkins? Yes No

Applying for Master's Degree: Apply for which semester: Summer (year) _____ Fall (year) _____ Spring (year) _____

Do you plan to take three or more courses per semester? Yes No

Are you a recent Johns Hopkins graduate who is applying to the accelerated master's degree programs Biotechnology? Yes No

Biotechnology
 Concentration in: Biodefense

Colleges or Universities Attended:

Name	Location	Major	Degree	Graduation Date

High Schools Attended:

Name	Location	Major	Degree	Graduation Date

Approximate grade point average for your college degree: Undergraduate GPA: _____ Graduate GPA: _____

Have you applied to or enrolled at Johns Hopkins in the past? Yes No If so, when? _____

How did you hear about the Advanced Academic Programs?

- Article: _____ Employee Training/Education: _____
(name of publication) (name of employer)
- Mail: _____ Newspaper Ad: _____ Radio Spot: _____ Special Event: _____
(brochure, flyer, postcard, etc.) (name of newspaper) (specify station) (name of event)
- Internet: _____ Word-of-Mouth: _____ Inquired On Your Own
(web address or site name) (friend, coworker, etc.)

Preferred Center/Campus: (See course schedule for offerings.)

- Homewood—Baltimore, MD Montgomery County Campus—Rockville, MD
- Online (MS Biotechnology, MS Bioinformatics, and MS Bioscience Regulatory Affairs degrees are fully online and have no residency requirement.)

I understand that my application will be considered only if the proper application fee is enclosed.

I understand that approval to register as a special student for classes for which I have met prerequisites does not guarantee acceptance into a degree program at a later date.

I recognize the right of the University to exclude at any time a student whose conduct or academic standing renders undesirable his or her presence in the institution.

Signature: _____ Date: _____

The Johns Hopkins University is an equal opportunity, affirmative action institution.

Voluntary Self-Identification

The following questions request that the applicant voluntarily provide information about his/her self-identification. Please be advised that the information sought is intended solely in connection with the University's voluntary equal opportunity efforts. There is no requirement that you respond, and no adverse action will result if you choose not to answer the inquiry. Responses to the following are not shared with the admissions committee, nor are they considered in the admissions process.

Check the racial/ethnic group with which you identify:

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Black | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Pacific Islander | |

Upon completion, fax this form without a cover sheet to the Admissions Office below.

The School of Arts and Sciences
Advanced Academic Programs
fax: (202) 452-1970

An admissions requirement is that all students under age 26 must provide proof of having had the following immunizations: Two doses against Measles, Mumps, and Rubella, given after 1 year of age and at least 30 days apart, and one Diphtheria/Tetanus booster given within the past ten years. This form should be completed with your physician so s/he can consolidate any records you may have in your possession with information in your medical file and update missing immunizations. **PLEASE TAKE NOTE:** Incomplete immunizations, invalid dates, or forms which lack a validation stamp will not be processed, and will delay your registration.

(Please print clearly) Last Name, First Name		m/d/y of Birth
Degree Program	Email	Phone no.

TETANUS/DIPHTHERIA

Completed primary series and ...
Received Adult Tetanus/diphtheria booster within past ten years or...
If immunity is based on antibody titer a lab report must be included with this form.

DOSE 1	
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MMR (Measles, Mumps, Rubella)

Immunized after first birthday
Immunized at least 30 days after Dose 1

DOSE 1	
DOSE 2	

MEASLES (Rubeola)

Had the disease, confirmed by a copy of original office records which are included.
If immunity is based on antibody titer a lab report must be included with this form.
Immunized after first birthday

DOSE 1	
DOSE 2	

Immunized at least 30 days after Dose 1

MUMPS

Had the disease, confirmed by a copy of original office records which are included.
If immunity is based on antibody titer a lab report must be included with this form.
Immunized after first birthday

DOSE 1	
DOSE 2	

Immunized at least 30 days after Dose 1

RUBELLA

If immunity is based on antibody titer a lab report must be included with this form.
Immunized after first birthday

DOSE 1	
DOSE 2	

Immunized at least 30 days after Dose 1

Request for Exemption

Religious exemption is allowed if the student objects in good faith, in writing, that immunizations violate his or her religious beliefs. Medical exemption is allowed if a physician or health authority deems an immunization medically inadvisable. Explicit written documentation supporting an exemption request must be submitted with this certificate.

Religious Exemption Medical Exemption

Healthcare Provider: Thank you for taking time to assist us with this important task. We know that vaccine-preventable diseases occur on college campuses where students are not immunized or inadequately immunized. You help us to protect Johns Hopkins University students and their contacts by not accepting anecdotal information and by submitting immunization data from your office records, or from records presented for review which include **complete** dates (month/day/year) of administration. Where records are missing or incomplete, updating immunizations helps to ensure that the student is protected, and enables him/her to complete requirements for matriculations at Johns Hopkins University.

Date this form was completed

An office stamp **MUST** be used to ensure this form is valid.

Practitioner Name/Title (MD., RN., P.A.)

Signature

JOHNS HOPKINS UNIVERSITY RELEASE AND WAIVER OF LIABILITY
AAP FIELD TRIPS

Advanced Academic Programs

Program Name

WHEREAS, as part of the above-named program, which is an AAP graduate program of the Johns Hopkins University (“the University”), I may have an opportunity to participate in one or more field trips; and,

WHEREAS, such field trips are voluntary and attendance is within my personal discretion, as a condition of such participation I agree as follows:

1. I understand and appreciate the risks inherent in travel of the nature of the field trip(s), and I voluntarily and knowingly assume those risks. I release JHU, its employees, officers, Trustees, Directors and assigns from any liability for any injury or loss I might incur in connection with the trip(s).
2. I, for myself, my heirs, executors and administrators, waive and release forever any and all rights for claims and damages I may have against the Johns Hopkins University, its trustees, officers, employees and agents, including the staff members and supervisors, in any manner due to any personal injury or property loss sustained by me as a result of my traveling to and from the field trip destination(s) and/or my participation in the activities associated with the field trip(s), including any activities I may engage in during my free time while participating on the field trip(s).
3. I agree to follow the standards established for the conduct of the participants in the trip(s) or instructions of the University staff members on the trip(s).
4. I understand that I will be responsible for my own welfare and safety.

Signature

Print Name

Date

AUTHORIZATION FOR RELEASE OF ACADEMIC/EDUCATION RECORDS

Student Education/Academic records are confidential records and are protected by the Federal Educational Rights & Privacy Act (FERPA), 20 U.S.C.1232(g), regulations 34 CFR part 99. Education records cannot be released to third party without your (the students) written authorization.

**TO: Johns Hopkins University - Office of the Registrar
Address: c/o Advanced Academic Programs
Office of Admissions
1717 Massachusetts Ave, NW
Washington, DC 20036**

Please be advised that I,

_____ (print student's name)

DOB: _____; hereby authorize Johns Hopkins University to release my complete student records/education records/academic records to the following person/entity:

Name: USAMRIID

**Address: 1425 Porter Street
Frederick, MD 21702**

Relationship/Purpose: Application Review, The United States Army Medical Research Institute for Infections Diseases Fellowship

Time Specific: Please honor this authorization as follows:

Authorization valid: _____(Date) through _____(Date)

I understand that if I would like this authorization to be honored only for a specific time period then I shall indicate such time period above, otherwise it is my understanding that this authorization will remain in effect until I submit a written request to cancel or revoke the authorization. I further understand that this authorization will become effective on the date signed below.

Students Signature _____ Date: _____