



The Johns Hopkins Bloomberg School of Public Health
Student User Account Application

You must be a current student of the Bloomberg School of Public Health (JHSPH) to receive an account. This account may give you access to *my.jhsph.edu*, JHSPH email and calendar, and other web resources.

Please submit this application to the JHSPH Wolfe Street building, room W3014. Your account will be available within three business days.

Please print all information clearly

Name: (Family name)_____ (Given name)_____ (MI)_____

Contact Phone: _____ Office Mobile Home Do not list in address book

Were you previously faculty, staff, student, or registered for class at JHSPH? Yes No

If Yes:

JHED ID: ____ _ (Account will expire if JHED is not provided within 45 days)

Mailbox Enabled

Mail Enabled (email forwarding) Outside Email Address: _____

Bloomberg School of Public Health Department (check one)

DEPARTMENTS

- Biochemistry & Molecular Biology
- Biostatistics
- Environmental Health Sciences

- Epidemiology
- Health, Behavior & Society
- Health Policy & Management
- International Health
- Mental Health

- Molecular Microbiology & Immunology
- Population, Family & Reproductive Health

Bloomberg School of Public Health Degree (check one)

- DRPH
- MHS
- MPH
- MPH-DIST
- MPH/DRPH
- MPH-EXTD
- MPH-JD

- MPH/MBA
- MPH/MD
- MPH/MSW
- MPH-RES
- MSN/MPH
- PHD
- SCD

- SCM
- SPST-LTD
- SPST-PDF
- SPST-REGULAR
- SPST-RES

Full degree names are located on page 2

Guidelines for Account Usage:

- Each email account has a disk quota of 1GB. If your email account exceeds the 1GB limit, you will not receive messages. An error message will be returned to the sender.
- JHSPH account holders are responsible for the backup and retrieval of their own enterprise resources, which includes email messages.
- This account is for the applicant only and may not be used by other persons.

I understand that the continued use of this account must be in accordance with the Acceptable Use Policy and guidelines for JHSPH. I understand that failure to follow these guidelines could result in forfeiture of computing privileges or further disciplinary action.

Signature: _____

Date: _____

This form must be signed by an authorized approver in Student Affairs, Wolfe Street building room E1002.

Approver Name: _____

Signature: _____

Degree	Full Degree Name
PHD	Doctor of Philosophy
DRPH	Doctor of Public Health
SCD	Doctor of Science
MPH	Master of Public Health
MPH-RES	Master of Public Health first year, Residency 2nd year
MPH/MD	Joint Master of Public Health/MD with School of Medicine
MPH/DRPH	Internal dual-degree program
MPH-EXTD	Part-time MPH program
SCM	Master of Science
MHS	Master of Health Science
SPST-REG	Special Student Regular (non-matriculated)
SPST-RES	Special Student Resident (non-matriculated)
SPST-LTD	Special Student Limited (non-matriculated)
SPST-PDF	Special Student, Postdoctoral Fellow (non-matriculated)
MPH/JD	Joint Master of Public Health/Juris Doctor program with Georgetown Law
SN/MPH	Joint Master of Public Health/Master of Science in Nursing program with School of Nursing
MPH-DIST	Internet Master of Public Health program
MPH/MSW	Joint Master of Public Health/ Master of Social Work program with UMSSW
MPH/MBA	Joint Master of Public Health/Master of Business Administration program with SPSBE

**This chart is for your information only; do not submit with application.*