

**JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH  
EIGHTH ANNUAL GATES SUMMER INSTITUTE IN REPRODUCTIVE HEALTH AND DEVELOPMENT  
2010**

**APPLICATION FORM**

**PERSONAL INFORMATION**

Title:  Mr.  Mrs.  Ms.  Dr.

Name: \_\_\_\_\_  
First
Middle
Last/Surname
Suffix

Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_

SSN/ID. (Required for academic credit courses): \_\_\_\_\_ Date-of-Birth (mm/dd/yyyy) \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Country of Legal Residence: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Number and Name

\_\_\_\_\_  
City
State / Province
Postal Code
Country

Work Address: \_\_\_\_\_

Street Number and Name

\_\_\_\_\_  
City
State / Province
Postal Code
Country

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Country / Area Code / Number
Country / Area Code / Number

Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Country / Area Code / Number
Country / Area Code / Number

Indicate your preferred mailing address:  Home  Office

**PROFESSIONAL EXPERIENCE** (Three most recent, starting with current position)

|    | Employer | Position/Title | Activities | Dates |
|----|----------|----------------|------------|-------|
| 1. | _____    | _____          | _____      | _____ |
| 2. | _____    | _____          | _____      | _____ |
| 3. | _____    | _____          | _____      | _____ |

**EDUCATIONAL BACKGROUND** (Start with most recent university/college degree)

|    | School | Area of Concentration | Degree | Year Received |
|----|--------|-----------------------|--------|---------------|
| 1. | _____  | _____                 | _____  | _____         |
| 2. | _____  | _____                 | _____  | _____         |
| 3. | _____  | _____                 | _____  | _____         |

**COMPUTING KNOWLEDGE & SKILLS**

|                               | Beginner | Intermediate | Advanced |
|-------------------------------|----------|--------------|----------|
| MS Office Package (Word, PPT) | _____    | _____        | _____    |
| Internet Search               | _____    | _____        | _____    |
| Software Application:         |          |              |          |
| SPSS                          | _____    | _____        | _____    |
| STATA                         | _____    | _____        | _____    |
| Other: _____                  | _____    | _____        | _____    |

**YOUR JHU AFFILIATION (check all that apply):**

Employee       Attended Continuing Education Course or Institute       Alumnus

Are you currently enrolled in a degree program at the Johns Hopkins University?  Yes  No

If yes, which department and degree? \_\_\_\_\_

Are you currently enrolled as an MPH candidate at JHSPH?  Yes  No

Are you currently enrolled as a DrPH candidate at JHSPH?  Yes  No

Are you currently enrolled in a degree program at another university?  Yes  No

If yes, school name and degree: \_\_\_\_\_

How did you hear about the Gates Summer Institute?

Brochure       Website       Colleague       Listserv (Specify): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

**COURSE INFORMATION: \* Fees subject to slight increase**

Academic credit (6)      \$5,172.00 (Subject to change)

Non-Credit      \$2,586.00.00

Course Fee      \$200.00

**Housing: May 30 - June 11, 2009**

Single \$611.00 (no meal plan included)

Housing Deposit \$200 (Due by May 7)

**PAYMENT:**

Tuition      \$ \_\_\_\_\_

Course Fee      \$ \_\_\_\_\_

Health Insurance\*\*      \$ \_\_\_\_\_

Housing Deposit      \$ \_\_\_\_\_

**TOTAL**      \$ \_\_\_\_\_

**Total Enclosed**      \$ \_\_\_\_\_

**BALANCE DUE (May 7)**      \$ \_\_\_\_\_

Gender:       Female       Male

I would like to share a suite with (provide name):

\_\_\_\_\_

I will make my own housing arrangements.

Please send list of other housing options.

*\*\*Health insurance is required for a J-1 visa holder, or proof of coverage is required. Premium for one month coverage (May 30 - June 30, 2010) varies with age. Coverage at the Silver Level: Age 24-30, premium is \$99.00; Age 31-40, premium is \$148; Age 41-50, premium is \$240; Age 51-64, premium is \$328 per month. For more information on the plan please go to [www.international-student-health-insurance.com](http://www.international-student-health-insurance.com).*

